

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94867

1. Entity Name
SHAKRA'S DELI, INC.

Principal Place of Business
1893 NE JENSEN BCH. BLVD.
JENSEN BCH FL 34957
US

Mailing Address
1893 NE JENSEN BCH. BLVD.
JENSEN BCH FL 34957
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0009003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAKRA, JEFF
1893 NE JENSEN BEACH BLVD.
JENSEN BEACH FL 34957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHAKRA, JEFFREY
STREET ADDRESS 1893 NE JENSEN BCH BLVD.
CITY-ST-ZIP JENSEN BEACH FL

☐ Delete

TITLE SD
NAME SHAKRA, ANN
STREET ADDRESS 1893 NE JENSEN BCH BLVD.
CITY-ST-ZIP JENSEN BEACH FL

☒ Delete

TITLE VD
NAME SHAKRA, ANUHEA
STREET ADDRESS 1893 NE JENSEN BCH BLVD
CITY-ST-ZIP JENSEN BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anuhea Shakra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 561-334-3641

Date

Daytime Phone #

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90040 036 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)