

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-15-2002 90054 038 ***150.00

DOCUMENT # L01000015904

1. Entity Name

SUNWAY FOOD MART LLC ✓

DO NOT WRITE IN THIS SPACE

B0102712

2. Principal Place of Business

822 FORMOSA AVE

3. Mailing Address

1495 SHELTER ROCK

Suite, Apt. #, etc.

Suite, Apt. #, etc. RD

City & State

WINTER PARK FL

City & State

ORLANDO FL

4. FEI Number

59-3743558

Applied For

Not Applicable

Zip

32789

Country

ORANGE

Zip

32835

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

ABDUL AZIZ

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

1495 SHELTER

ROCK RD

City

ORLANDO

FL

Zip Code

32835

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ABDUL AZIZ
1495 SHELTER ROCK RD
ORLANDO FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  PRESIDENT

04/11/02 4072972102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)