

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82460

1. Entity Name

FAMILY DISCOUNT GROCERY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90159 033 ***150.00

Principal Place of Business

Mailing Address

401 OLD DIXIE HWY
RIVIERA BEACH FL 33404

401 OLD DIXIE HWY
RIVIERA BEACH FL 33404-7835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0205839

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHOWDHURY, HUSSAIN
5082 WILLOW POND RD WEST
WPB FL 33417

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, 2000 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 SD ☐ Delete

NAME MUSHARRAF, HOSSAIN

STREET ADDRESS 4520 ARTHUR ST
CITY- ST- ZIP PALM BCH GARDENS FL 33418

TITLE VDT ☐ Delete

NAME HUSSAIN, CHOWDHURY

STREET ADDRESS 5082 WILLOW POND RD WEST
CITY- ST- ZIP WPB FL 33412

TITLE ☐ Delete

NAME ☐ Delete

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NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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:

Chowdhury Hussain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

Daytime Phone #

CR2E034 (9/99)