

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

DOCUMENT # **L82460**

1. Entity Name

FAMILY DISCOUNT GROCERY INC.



FILED

03 MAR 12 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401, OLD DIXIE HWY

Suite, Apt. #, etc.

RIVIERA BEACH,

City & State

FL-33404

Zip

Country

PALM BEACH

3. Mailing Address

401, OLD DIXIE HWY

Suite, Apt. #, etc.

RIVIERA BEACH,

City & State

FL-33404.

Zip

Country

PALM BEACH

4. FEI Number

65-02-05839

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **SYED G. MAHBOB**

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

**8605 BINGHAMPTON AVE,
BOYNTON BEACH,**

City

TEL: 561-740-9963 FL 33436

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/10/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
SARKER HANBOON
5576 BOYNTON PL. CIR, BOYNTON
BEACH, FL-33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VICE PRESIDENT
SYED G. MAHBOB
8605 BINGHAMPTON AVE
BOYNTON BEACH, FL-33436**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**300013989829
03/12/03--01042--006 **150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E0346-12/02

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #