

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86844

1. Entity Name

1 STOP FOOD MART INCORPORATED

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90074 004 ***150.00

0317684

| | | | |
|--|---------|--|------------|
| Principal Place of Business U.S. 1 JUNO BCH FL 33408 US | | Mailing Address 401 LAKE AVE LAKE WORTH FL 33460 12770 U.S. 1 JUNO BEACH, FL 33408 | |
| 2. Principal Place of Business | | 3. Mailing Address 1 STOP FOOD INC, Suite, Apt. #, etc. 12770 U.S. 1 | |
| Suite, Apt. #, etc. | | City & State JUNO BEACH, FL. | |
| City & State | | City & State JUNO BEACH, FL. | |
| Zip | Country | Zip | Country |
| | | 33408 | PALM BEACH |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent PATEL, NAYAN 401 LAKE AVE. LAKE WORTH FL 33460 | | 7. Name and Address of New Registered Agent Name PATEL YOGESH. Street Address (P.O. Box Number is Not Acceptable) 5766 TURNWOOD CT. City JUPITER FL Zip Code 33458 | |
|---|--|--|--|

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] 3/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing state of residence)
DATE 3/21/01

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PATEL, NAYAN 35 BUXTON LANE BOYNTON BEACH FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY PATEL NILESH 2301 23RD CT JUPITER FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT PATEL, YOGESH 5766 TURNWOOD CT. JUPITER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PATEL, RAJESH 49848 COOKE PLYMOUTH MI <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BAKUL, PATEL 373 NW MEJESTIC PORT ST LUCIE FL 34984 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)