FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED

02 MAY 23 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000009043

1. Entity Name

Suhad Food Mart, Inc.

DO NOT WRITE IN THIS SPACE

01/02 UBR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1103 N 13th St	1103 N 13th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34950 Country:	Zip: 34950 Country:

4. FEI Number: 65-0993979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rudaina Ibrahim

Street Address (P.O. Box Number is Not Acceptable): 1103 N 13th St

City: Fort Pierce FL Zip Code: 34950

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: X Rudaina Ibrahim 5-21-02

(Signature, type or print name of registered agent, and title if applicable) (Date) (If agent is changing registered office address, see back)

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	President, Director, Rudaina Ibrahim 1103 N 13th St Fort Pierce, FL 34950
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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****150.00 ****150.00

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Rudaina Ibrahim 5-21-02 561/465-9360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

Attention: Tyrone Scott

05-21-02
2nd

I Rudaina Ibrahim mailed first notice report 2001 last year. I never heard nothing about it but the Check was cashed. I Would like the late fee waived.

Thank you
Rudaina Ibrahim