

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90187 004 \*\*\*150.00

DOCUMENT # P00000035519

1. Entity Name

SWADY FOOD INC.

Principal Place of Business

Mailing Address

1880 N. PINE ISLAND RD.  
PLANTATION FL 33322

1880 N. PINE ISLAND RD.  
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0998112

Applied For

Not Applicable

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

RANDIAL, SWADESHLAL  
1880 N. PINE ISLAND RD.  
PLANTATION FL 33322

Name

MOHAMMAD RIZWAN

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

9534 NW 52nd MANOR

City

SUNRISE

FL

Zip Code

33351

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-02-01

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, 2001 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

D

☒ Delete

NAME  
RANDIAL, SWADESHLAL  
STREET ADDRESS  
1880 N. PINE ISLAND RD.  
CITY-ST-ZIP  
PLANTATION FL 33322

TITLE

PRBS.

☐ Change

☒ Addition

NAME  
MOHAMMAD I MIANNOR  
STREET ADDRESS  
2420 NW 137th AVE  
CITY-ST-ZIP  
SUNRISE FL 33323

TITLE

VICE PRBS.

☐ Change

☒ Addition

NAME  
MOHAMMAD RIZWAN  
STREET ADDRESS  
9534 NW 52nd MANOR  
CITY-ST-ZIP  
SUNRISE, FL 33351

TITLE

☐ Change

☐ Addition

TITLE

☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 476-8696

CR2E034 (10/00)