

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90159 017 ***150.00

DOCUMENT # P00000057997

1. Entity Name

SUPER STAR DISCOUNT STORES, INC.

Principal Place of Business

**4418 CRESCENT RD.
SPRING HILL FL 34606**

Mailing Address

**4418 CRESCENT RD.
SPRING HILL FL 34606**

2. Principal Place of Business

10243 COUNTYLINE RD

Suite, Apt. #, etc.

3. Mailing Address

SAMG

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SAMG

Zip

34608

Country

U.S.A

Zip

SAMG

Country

SAMG

4. FEI Number

59-3653475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PANJABI, JAYPRAKASH L
4418 CRESCENT RD.
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

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

4/17/02

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, 2002 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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **PANJABI, JAYPRAKASH L**
CITY-ST-ZIP **4418 CRESCENT RD.
SPRING HILL FL 34606**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PATEL, MAHENDRA P**
CITY-ST-ZIP **3633 BACKHAWK DR.
NEW PORT RICHEY FL 34690**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **PANJABIKARODA, HARIKRISHNA L**
CITY-ST-ZIP **8395 SUNFLOWER DR.
SPRING HILL FL 34606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 352/686-7226

Date

Daytime Phone #

CR2E034 (9/01)