

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

DOCUMENT # P00000074565

1. Entity Name Pamoist Grocery, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2974 GRIFFIN RD, DANIA BEACH, FL 33312

3. Mailing Address 1309 N 22 AVE

Suite, Apt. #, etc. SAME

Suite, Apt. #, etc.

REINSTATEMENT DO NOT WRITE IN THIS SPACE

01-02

City & State DANIA BEACH, FL

City & State HOLLYWOOD, FL

4. FEI Number 65-1039207

Applied For
Not Applicable

Zip 33312 Country BROWARD

Zip 33020 Country BROWARD

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 SARBJEET GILL

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

1309 N. 22 AVE.

City HOLLYWOOD FL Zip Code 33020

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 sarbjeet gill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME SARBJEET GILL
STREET ADDRESS 1309 N. 22 AVE.
CITY-ST-ZIP HOLLYWOOD, FL 33020

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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: sarbjeet gill SARBJEET GILL 3-7-02 (954) 986-4307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)