

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90235 037 ***150.00

DOCUMENT # P00000077098

1. Entity Name
AFDIL FOOD MART INC.



Principal Place of Business
**2327 SEMINOLE BLVD
LARGO FL 34648**

Mailing Address
**2327 SEMINOLE BLVD
LARGO FL 34648**

2. Principal Place of Business
2327 SEMINOLE BLVD.

3. Mailing Address
2327 SEMINOLE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO, FLORIDA

City & State
LARGO, FLORIDA

Zip
33778

Country
U.S.A.

Zip
33778

Country
U.S.A.

4. FEI Number **59-3668610**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KHOJA, MEHERBANO
2327 SEMINOLE BLVD
LARGO FL 34648 33778**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **KHOJA, AFTAB**
STREET ADDRESS **2327 SEMINOLE BLVD**
CITY-ST-ZIP **LARGO FL 33778**

TITLE **PD** ☐ Delete
NAME **KHOJA, MEHERBANO MS**
STREET ADDRESS **236-B PIN COURT**
CITY-ST-ZIP **AUGUSTA GA 30907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Meherbano E Khoja (MEHERBANO KHOJA) 01/20/2003 (727) 586-6554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)