

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095379

1. Entity Name
AL MOMTAZ FOOD MART, INC.

Principal Place of Business
POST OFFICE 224
LARGO FL 33779

Mailing Address
POST OFFICE 224
LARGO FL 33779

2. Principal Place of Business
2100 DREW ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
CLEARWATER FLORIDA
Zip 33765 Country Pimaller

City & State
Zip Country

4. FEI Number 593676587 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BORGENSEN, WILLIAM C
2530 WEST BAY DRIVE
LARGO FL 33770

7. Name and Address of New Registered Agent

Name AL MOMTAZ FOOD MART, INC
Street Address (P.O. Box Number is Not Applicable)
2100 DREW STREET
City CLEARWATER FL Zip Code 33765

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRSEDANT ABDUL MANNAN 2100 DREW ST CLEARWATER FL 33765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ABDUL MANNAN *Abdul Mannan* President 7-19-01-722-446-5859

FILED
Sep 05, 2001 8:00 am
Secretary of State

05-14-2001 90088 030 ***150.00
09-05-2001 90001 011 ***550.00



DO NOT WRITE IN THIS SPACE

0122316 AT

CR2E034 (5/01)