

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0004247 AT

DOCUMENT # P00000100056

1. Entity Name

GRAB-N-GO FOOD STORES 6315, INC.

04-09-2002 90016 044 ***150.00

Principal Place of Business

**888 S GOLDENROD RD
 ORLANDO FL 32822**

Mailing Address

**888 S GOLDENROD RD
 ORLANDO FL 32822**

2. Principal Place of Business

GRAB-N-GO Food Stores 6315, 888 S Goldenrod Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32822

Country

Orange

Zip

Country

4. FEI Number

65-1048725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KANH YE, KARAN K
 888 S GOLDENROD RD
 ORLANDO FL 32822**

**Mohammed A Rahman
 888 S Goldenrod Rd
 Orlando, FL 32822**

7. Name and Address of New Registered Agent

Name **Mohammed A Rahman**

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

888 S Goldenrod Rd 1

City **Orlando**

FL

Zip Code **32822**

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]

03-21-02

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 \$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 **D** ☒ Delete
 NAME **KAHN YE, KARAN K**
 STREET ADDRESS **888 S GOLDENROD RD**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☒ Delete
 NAME **KAHN YE, SHEILA**
 STREET ADDRESS **888 S GOLDENROD RD**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Mohammed A Rahman**
 STREET ADDRESS **888 S Goldenrod Rd**
 CITY-ST-ZIP **Orlando FL 32822**

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

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 #

03-21-02 / 625-2275

CR2E034 (9/01)