

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90207 008 ***150.00

DOCUMENT # P00000106010

1. Entity Name
SULTAN FOOD MARKET, INC.

Pri 999 **Mailir** 167C
11 **N** **162** **N. N**

2. Principal Place of Business **14690 W DIXIE HWY**
3. Mailing Address **14690 W. DIXIE HWY**

Suite, Apt. #, etc.

City & State **NORTH MIAMI, FL** **City & State** **NORTH MIAMI, FL**

Zip **33161-2602** **Country** **33161-2602** **Country**

4. FEI Number **65-1055838** **Applied For** **Not Applicable**

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

6. Name and Address of Current Registered Agent

SHATAT, MAHMOUD
20507 N.E. 9TH PLACE
N. MIAMI BEACH FL 33179

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ **Delete**
NAME **SHATAT, MAHMOUD**
STREET ADDRESS **20507 N.E. 9TH PLACE**
CITY-ST-ZIP **NO. MIAMI BEACH FL 33179**

TITLE ☐ **Delete**
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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 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

MAHMOUD SHATAT
PRESIDENT

02/05/02 (305) 945-5518
Date Daytime Phone #

CR2E034 (9/01)