

3/29/0

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-29-2002 90201 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017726

1. Entity Name

P & S FOOD MART INC.

Principal Place of Business

12770 US HWY 1
JUNO BEACH FL 33408

Mailing Address

12770 US HWY 1
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12770 U.S. # 1

Suite, Apt. #, etc.

3. Mailing Address

12770 U.S. # 1

Suite, Apt. #, etc.

City & State

Juno Beach FL

City & State

Juno Beach FL

4. FEI Number

65-1090584

Applied For

Not Applicable

Zip

33408

Country

W.P.B.

Zip

33408

Country

W.P.B.

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

6. Name and Address of Current Registered Agent

PATEL, HARSHA

12770 US HWY 1

JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name PATEL VAISHALI

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

16671 76 TRAIL N.

City PALM BEACH GARDEN FL

Zip Code 33418

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, HARSHA	
STREET ADDRESS	12770 US HWY 1	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAISHALI PATEL	
STREET ADDRESS	16671 76 TRAIL N	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/8/02

Date

561-612-7142

Daytime Phone #

CR2E034 (9/01)