

2002 UNIFORM BUSINESS REPORT (UBR)

0149817 SP

DOCUMENT # P01000024352

1. Entity Name
J & H FOOD MART, INC.

FILED

02 OCT -7 PM 1:29

Principal Place of Business

5451 MANVILLE DR.
PT. ST. LUCIE FL 34953

Mailing Address

5451 MANVILLE DR.
PT. ST. LUCIE FL 34953

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02

2. Principal Place of Business

2410 Avenue D

3. Mailing Address

2410 Avenue D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-1089041

Applied For

Not Applicable

Zip

34950

Country

St. Lucie

Zip

34950

Country

St. Lucie

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBAZAR, AZZAM M
5451 MANVILLE DR.
PT. ST. LUCIE FL 34953

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: *Azzam M. Albazar*

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

(NOTE: Registered Agent signature required when reinstating)

SEP-30-02

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 \$550.00
After September 13, 2002 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 DPST
NAME ALBAZAR, AZZAM M
STREET ADDRESS 5451 MANVILLE DR.
CITY-ST-ZIP PT. ST. LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500008282235--9
-10/09/02--01026--023
****258.75 ****258.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500008282235--9
-10/09/02--01026--024
****500.00 ****500.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Azzam M. Albazar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP-30-02

Date

Daytime Phone #

CR2E034 (4/02)