


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # <i>FD1000048894</i>	
1. Entity Name <i>SPEDY'S FOOD STORE & DELI 35 INC</i>	

DO NOT WRITE IN THIS SPACE

4-010416864
*01/22/03--01046--010 **150.00*

2. Principal Place of Business <i>6610 NORTH UNIVERSITY DR</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 220</i>		Suite, Apt. #, etc.	
City & State <i>Ft Lauderdale FL</i>		City & State	
Zip <i>33321</i>	Country <i>USA</i>	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <i>65-1103977</i>		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
		Name <i>MANNY SINGH</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>6610 N. UNIVERSITY DR Suite 220</i>	
		City <i>Ft Lauderdale</i>	FL Zip Code <i>33321</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>POD MANNY SINGH 6610 N. UNIVERSITY DR, #220 Ft Lauderdale FL 33321</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPOD M. A. HAROON 6610 NORTH UNIVERSITY DR Suite 220 TAMARAC FL 33321</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other officers, directors, and authorized signatories.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

gs 1/23