2002 UNIFORM BUSINESS REPORT (UBR)

P01000085314

Mailing Address

403 E. SLIGH AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

TAMPA FL 33604

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Country

Name and Address of Current Registered Agent

Suite, Apt. #, etc.

PAPPAS, GEORGE G

901 N. HERCULES AVE.

CLEARWATER FL 33765

9. *This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

City & State

Ζiρ

STE. D

49 DASH GROCERY, INC.

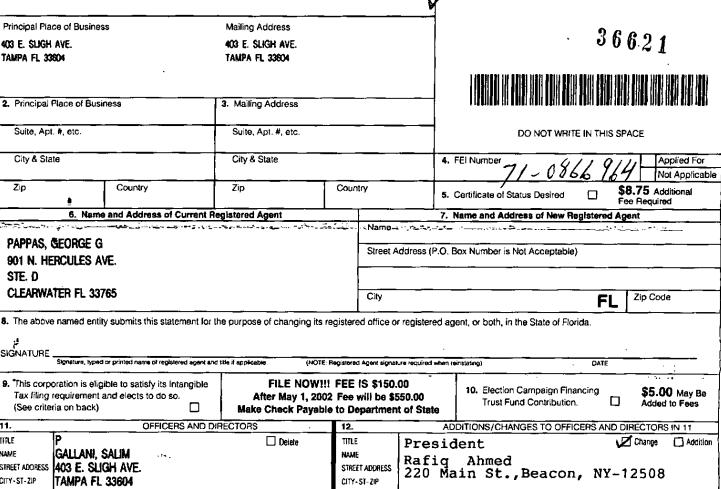
1. Entity Name

403 E. SLIGH AVE.

TAMPA FL 33804

FILED Jun 23, 2002 8:00 am Secretary of State

05-22-2002 90111 023 ***150.00



After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE President gallani, salim NAME NAME Rafiq 403 E. SLIGH AVE. STREET ADDRESS STREET ADDRESS 220 Main St., Beacon, NY-12508 TAMPA FL 33604 CITY-ST-ZIP CITY-ST-ZIP TITLE K TIWAN TITLE Secretary ☐ Change NAME NAME Jiwani Siraj K STREET ADDRESS STREET ADDRESS 4201 49th St.N, St. Petersburg, FL33709 CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE Delete П Спапое NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

City

13. I hereby certify that the information supplied with this filling 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.

REQUIREPresident

813-677-8857

Daytime Phone #

CR2E034 (9/01