

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90126 041 ***150.00

DOCUMENT # P01000108950

1. Entity Name
BRIGHT MART FOOD STORE, INC.



Principal Place of Business
2699 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

Mailing Address
2699 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

2. Principal Place of Business

715 South 21ST AVE
Suite, Apt. #, etc.
815

3. Mailing Address

715 South 21ST AVE.
Suite, Apt. #, etc.
815

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FLORIDA

Zip
33020

Country
USA

Zip
33020

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1151837**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALLYANI, NOOR
2699 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name **VALLYANI, NOOR**
Street Address (P.O. Box Number is Not Acceptable)
715 SOUTH 21ST AVENUE
City **HOLLYWOOD** **FL** **Zip Code** **3320**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-14-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALLYANI, NOOR	
STREET ADDRESS	2699 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KASAM, NOOR M	
STREET ADDRESS	2699 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUSSAIN, ALTAF	
STREET ADDRESS	2699 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-14-03

CR2E034 (10/02)