

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 30 AM 8:47

DOCUMENT # P01000110751

1. Entity Name  
AZIZ DISCOUNT FOOD STOP AND BEAUTY SUPPLY  
NUMBER 4, INC.



Principal Place of Business  
5260 SW 9 STREET  
PLANTATION, FL 33317

Mailing Address  
AZIZ DISCOUNT FOOD STOP  
41 EAST ACRD DRIVE  
PLANTATION, FL 33317



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1157007

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MOLLA, MOHAMMED S  
5260 SW 9 STREET  
PLANTATION, FL 33317

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MOLLA, MOHAMMED S
STREET ADDRESS	5260 SW 9 STREET
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	DV
NAME	UDDIN, MD M
STREET ADDRESS	5260 SW 9 STREET
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	DS
NAME	LUTFAR, BHUIYAN R
STREET ADDRESS	151 SE 8TH STREET UNIT 213
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900130895539  
06/05/08--01006--002 \*\*888.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

5/30/08