

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112203

1. Entity Name
AZIZ DISCOUNT FOOD STOP AND BEAUTY SUPPLY
NUMBER 3, INC.



Principal Place of Business

10801 NE 13TH AVE.
MIAMI, FL 33161

Mailing Address

5260 SW 9 STREET
PLANTATION, FL 33317

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 8:48



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3585463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

HOSSAIN, MOHAMMED
5260 SW 9 STREET
PLANTATION, FL 33317

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	PD
NAME	HOSSAIN, MOHAMMED
STREET ADDRESS	5260 SW 9 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VPD
NAME	UDDIN, MD MISBAH
STREET ADDRESS	5260 SW 9 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	SD
NAME	MOLLA, MOHAMMED
STREET ADDRESS	5260 SW 9 STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

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