

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

02-26-2002 90131 007 ***150.00

DOCUMENT # P01000115948

1. Entity Name

MANDEE FOOD MART, INC.

Principal Place of Business

2262 HARBOR VIEW DRIVE
DUNEDIN FL 34698

Mailing Address

2262 HARBOR VIEW DRIVE
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-375-5922

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPiegel & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

Tricor Accounting
 28463 US Hwy 19 N. Suite 101
 City Clearwater FL Zip Code 33761

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00.
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 MANDANI, KHAIRUNISSA
 2262 HARBOR VIEW DRIVE
 DUNEDIN FL 34698 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 11 or Block 12 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 #

02/7/02

CR2E034 (9/01)