

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91869 046 \*\*\*150.00

DOCUMENT # P02000022754

1. Entity Name

Mars Food Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

510 Town center

3. Mailing Address

3705 starboard AVE

Suite, Apt. #, etc.

# 1163

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, Florida

City & State

Cooper City, Florida

4. FEI Number

30-0045741

Applied For

Not Applicable

Zip

33431

Country

Zip

33026

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SHAHLA SHARIFI

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

3705 starboard AVE

City

COOPER CITY

FL

Zip Code

33026

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Shahla Sharifi  
3705 starboard AVE  
COOPER CITY FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

4/29/03 561-347-1999

CR2E034B (12/02)