

FILED
Sep 15, 2003 8:00 am
Secretary of State

5/51

05-05-2003 91153 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000024079

1. Entity Name
MIM FOOD MART, INC.



Principal Place of Business
1155 WEST S.R. 434 #157
LONGWOOD, FL 32750

Mailing Address
1155 WEST S.R. 434 #157
LONGWOOD, FL 32750

44005893

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
30-0048937

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEIK, MD. NURU
1155 WEST S.R. 434 #157
LONGWOOD, FL 32750

Name

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

City

FL

Zip Code

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 dissolving)

DATE

FILE NOW!!! FEE IS \$150.00
ATTN: May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	SHEIK, MD. NURU	1155 WEST S.R. 434 #157	WINTER PARK, FL 32792				
SD	SHAFIQ, SUFIA	3040 ALOMA AVENUE, APT. J8	WINTER PARK, FL 32792				
TD	BEZUM, ROKEYA	3040 ALOMA AVE., APT. J8	WINTER PARK, FL 32792				

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 507, 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

Apr 30/03

407-832-6034

Daytime Phone #

CR20034 (10/02)



Attachment
44005893

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 20, 2003

MIM FOOD MART, INC.
1155 WEST S.R. 434 #157
LONGWOOD, FL 32750

Subject: **MIM FOOD MART, INC.**

Reference Number: **P02000024079**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AB

ANNUAL REPORTS SECTION

See attached