

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000035678

1. Entity Name
BOSNIA FOOD STORE, INC.



FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90035 011 ***558.75

0475438 AV

Principal Place of Business
6835 4TH STREET NORTH
ST. PETERSBURG FL 33702

Mailing Address
6835 4TH STREET NORTH
ST. PETERSBURG FL 33702



2. Principal Place of Business
6508 4 ST. N.

3. Mailing Address
6508 4 ST. N.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number
01-0676698

Applied For
Not Applicable

City & State

Zip Country

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

HALILOVIC, RESAD
6835 4TH STREET NORTH
ST. PETERSBURG FL 33702

Name
Street Address (P.O. Box Number is Not Acceptable)
6508 4 ST. N.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After 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 P
NAME DELIC, DAMIRA
STREET ADDRESS 6835 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME HALILOVIC, RESAD
STREET ADDRESS 6835 4TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMIRA DELIC 6-13-03 (727) 526-3292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)