

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0370058
AV

DOCUMENT # P02000087223

1. Entity Name
CASH & CARRY OF BROWARD, INC.



Principal Place of Business
**715 NE 44TH COURT
FORT LAUDERDALE FL 33334**

Mailing Address
**715 NE 44TH COURT
FORT LAUDERDALE FL 33334**

2. Principal Place of Business
751 NE 44TH Court

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4082

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FL. Lauderdale,

City & State
DEERFIELD BEACH, FL

4. FEI Number
13-4216650

Applied For
☐ Not Applicable

Zip
33334

Country
Broward

Zip
33442

Country
Broward

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

**KHAN, RANA
18344 CORAL SANDS WAY
BOCA RATON FL 33498**

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KHAN, MOHAMMED D
18338 FRESH LAKE WAY
BOCA RATON FL 33498** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MOHAMMED D KHAN
10245 LA REINA RD.
DELRAY BEACH, FL-33442** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RAHMAN, ATM A
515 NW 34 STREET #204
POMPANO BEACH FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KHAN, RANA
18344 CORAL SANDS WAY
BOCA RATON FL 33498** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JHARNA KHAN** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JHARNA KHAN
10245 LA REINA RD
DELRAY BEACH, FL-33442** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/03 954-520-0822

Date

Daytime Phone #

CR2E034 (10/02)