

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90425 045 \*\*\*150.00

DOCUMENT # P02000104122

1. Entity Name

KULSUM FOOD MART, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1441 E FLETCHER AVE

Suite, Apt. #, etc.

SUITE 145

City & State

TAMPA, FLORIDA.

Zip

33612

Country

3. Mailing Address

1441 E FLECTCHER AVE

Suite, Apt. #, etc.

SUITE 145

City & State

TAMPA, FLORIDA

Zip

33612

Country

4. FEI Number

06-1652114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KURJI, HAMIDA

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

1441 E FLETCHER AVE SUITE 145

City

TAMPA

FL

Zip Code  
33612

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]*

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

(NOTE: Registered Agent signature required when reinstating)

04-24-2003

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 PSTD  
STREET ADDRESS KURJI, HAMIDA  
CITY-ST-ZIP 1441 E FLETCHER AVE SUITE 145  
TAMPA, FL 33612

TITLE  
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2003

Date

Daytime Phone #

CR2E034B (12/02)