

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

FILED
Mar 02, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000091622	
1. Entity Name Your Choice Food Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1095 W State Road 434 Suite, Apt. #, etc.		3. Mailing Address 1095 W State Road 434 Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State Casselberry, FL	
Zip 32708	Country	Zip 32708	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0166929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Malike, Abdul	
Street Address (P.O. Box Number is Not Acceptable) 1095 W. STATE ROAD 434	
City CASSELBERRY FL 32708	Zip Code 32708

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MALIKE, ABDUL 486 CIDERMILL PLACE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President BHUIYAN, MOKAMALUDDIN 486 CIDERMILL PLACE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & Secretary AHMED, MOHAMMAD H 486 CIDERMILL PLACE LAKE MARY FL 32746
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11.

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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: A. Malike ABDUL MALIKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-05

Date Daytime Phone #