

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

ATX1

DOCUMENT #	P03000091622
1. Entity Name	
Your Choice Food Inc	

FILED

2009 FEB 13 P 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE	P	TITLE	
NAME	MALIKE, ABDUL	NAME	
STREET ADDRESS	201 CREEK LN	STREET ADDRESS	200143592967
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	02/13/09--010397-005 **150.00
TITLE	V	TITLE	
NAME	BHUIYAN, MOKDMALUDDIN	NAME	
STREET ADDRESS	21ST PAMVIEW COURT #208	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	
TITLE	TS	TITLE	
NAME	AHMED, HELAL	NAME	
STREET ADDRESS	244 MAGNOLIA PARK TRAIL	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Md. Kamal U Bhuyan 2/5/09 407-699-0947