Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000000823

1. Corporation Name

Suite, Apt. #, etc.

City & State

STAR GROCERY INC

STAIT GROOLITT, INO.		
	·	
Principal Place of Business	Mailing Address	****
1541 WASHINGTON AVE. MIAMI BEACH FL 33139	1541 WASHINGTON AVE. MIAMI BEACH FL 33139	,
2. Principal Place of Business	2a. Mailing Address	

27

28

Suite, Apt. #, etc.

City & State

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90086 037 ***150.00



DO NOT WRITE IN THIS SPACE

8. This corporation owes the current year Intangible -

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

10/29/1992 4. FEI Number

65-0368120

24	25	29	30		Personal Property Tax.	Yes[□No
- ,	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			1
SUL1	ran, mamunn			82 Street A	ddress (P.O. Box Number is Not Acceptab	le)	
1541	WASHINGTON AVE			Sileer A	ductess (F.O. Dox Humber is Not Acceptab	10)	
MIAN	N BEACH FL 33139			83		• .	
						11	
				84 City	7	FL 85 Zip C	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on in familiar with, and accept the obligati	f Florida. Such change w	as authorize	d by the corpo	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its the appointment as reg	registered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable	NOTE: Pagistera	Anent signature re-	quired when reinstating)	DATE	· /
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELET	E 1,1 T	ITLE		☐ Change	Addition
NAME	SULTAN, MAMUNN	_	1.2 N	IAME		•	Ì
STREET ADDRESS	1541 WASHINGTON AVE.		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL 33139		1.4 0	ITY-ST-ZIP			
TITLE	VPD	☐ DELET	Ë 2.1 T	ITLE .		☐ Change	☐ Addition
NAME	SULTAN, MAHBOOB		2.21	IAME			1
STREET ADDRESS	1541 WASHINGTON AVE.		2.3 \$	TREET ADDRESS			1
CITY-ST-ZIP	MIAMI BCH. FL 33139		2.4	CITY-ST-ŽIP			
TITLE .	TD	☐ DELET	E 3.11	ITLE		☐ Change	☐ Addition
NAME	SULTAN, MOHSIN		3.2 N	IAME			
STREET ADDRESS	1541 WASHINGTON AVE.		3.3 9	TREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL 33139		3.4. (CITY-ST-ZIP			
TITLE	SD	DELET □ DELET □	E 4.11	TILE ·	• • ·	:	☐ Addition
NAME	abu Shaleh, Chowdhury		4. 2	NAME			
STREET ADDRESS	1541 Washington Ave.	•	4.3 9	TREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL 33139			ITY-ST-ZIP			
TITLE		☐ DELET		TLE		Change	Addition (
NAME				IAME	•		ļ
STREET ADDRESS			5.3 \$	TREET ADDRESS			,
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP			
TITLE		☐ DELET	- 1	TILE		☐ Change	☐ Addition
NAME	*			IAME			
STREET ADDRESS			6.3 9	STREET ADDRESS			ļ
CITY-ST-ZIP) ·			CITY-ST-ZIP	1.0 110.07/07/5	F 41	f= = 4i - =
 I hereby of indicated 	on this annual report or supplemental	annual report is true and	accurate and	d that my signa	in Section 119.07(3)(i), Florida Statutes. I sture shall have the same legal effect as if a serviced by Chapter 607. Florida Statutes	made under oath; that I	am an

Country,

SIGNATURE: