

# FOR <sup>A3</sup> PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P 92 00000 8133

FAMILY Discount properties gnc



FILED

03 MAY 27 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

401 Old Dixie Hwy

3. Mailing Address

5216 MISTY MORNING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach, FL

City & State

Palm Beach Garden, FL

4. FEI Number

650376266

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

33418

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MUHAMMAD S. HASAN

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

5216 MISTY MORNING RD

City

Palm Beach Garden FL

Zip Code

33418

**DO NOT WRITE IN THIS SPACE**

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  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME HASAN; MUHAMMAD S.  
STREET ADDRESS 5216 MISTY MORNING RD  
CITY-ST-ZIP Palm Beach Garden, FL-33418

TITLE NAME  
STREET ADDRESS 800019872808  
CITY-ST-ZIP 05/27/03--01042--007 \*\*150.00

TITLE NAME PTDS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME HUSSAIN Chowdhury F.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME please delete HUSSAIN; C.F.  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

5/22/03

Date

561-841-4700

Daytime Phone #

CR2E034B (12/02)