

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90112 013 ***158.75

DOCUMENT # P92000009061

1. Entity Name
FOOD PLUS PROPERTIES, INC.



Principal Place of Business
**1500 W CYPRESS CREEK RD
SUITE 407
FORT LAUDERDALE FL 33309
US**

Mailing Address
**1500 W CYPRESS CREEK RD
407
FORT LAUDERDALE FL 33309
US**



2. Principal Place of Business
**1215 W. NEWPORT CTR DRIVE
Suite, Apt. #, etc.**

3. Mailing Address
**1215 W. NEWPORT CTR DRIVE
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH, FL
Zip
33442
Country
BROWARD

City & State
DEERFIELD BEACH, FL
Zip
33442
Country
BROWARD

4. FEI Number
65-0373632

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARKATIA, M A
1500 W. CYPRESS CREEK RD.
#306
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name
MARKATIA, M. A.
Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CTR DRIVE
City
DEERFIELD BEACH FL Zip Code
33442

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 **X** **M. A. Markatia**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 STREET ADDRESS CITY-ST-ZIP	PSTD MARKATIA, M A 1500 W CYPRESS CREEK RD., #407 FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANA, MOHAMMED 1500 W. CYPRESS CREEK RD., #407 FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARKATIA, M. A. 1215 W. NEWPORT CTR DRIVE DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DANA, MOHAMMED 1215 W. NEWPORT CTR DRIVE DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.23.03

954-418-8620

Date

Daytime Phone #

CR2E034 (10/02)