

# 2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

**DOCUMENT #** P92000011934

**1. Entity Name**  
K & T SUPERMARKET, INC.

**Principal Place of Business**  
16805 S.W. 100 AVE. MIAMI FL. 33157

**Mailing Address**  
16805 S.W. 100 AVE. 10501 S.W. 166 ST.  
MIAMI FL. 33157 MIAMI FL. 33157

**FILED**  
00 DEC 18 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> N-A Suite, Apt. #, etc.		<b>3. Mailing Address</b> N-A Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**4. FEI Number** 65-0307178 **Applied For**  
Not Applicable

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

<b>6. Name and Address of Current Registered Agent</b> JAMES BOODOO 10501 S.W. 166 ST. MIAMI FL. 33157	<b>7. Name and Address of New Registered Agent</b> Name: N-A Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code
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**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.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☒ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> SECRETARY <input checked="" type="checkbox"/> Delete	<b>NAME</b> TARAMATEE BOODOO	<b>TITLE</b> SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> VIDESH PERSAD
<b>STREET ADDRESS</b> 17405 S.W. 171 TERRACE	<b>CITY-ST-ZIP</b> MIAMI FL. 33157	<b>STREET ADDRESS</b> 10501 S.W. 166 ST.	<b>CITY-ST-ZIP</b> MIAMI FL. 33157
<b>TITLE</b> <i>JAMES BOODOO President</i> <input type="checkbox"/> Delete	<b>NAME</b> <i>JAMES BOODOO</i>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> <i>100003514791-6</i>
<b>STREET ADDRESS</b> <i>10501 SW 166 ST</i>	<b>CITY-ST-ZIP</b> <i>MIAMI FL 33157</i>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **JAMES BOODOO / PRESIDENT** **OCT. 26 TH 00** **/305-252-4908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)