

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90072 013 ***150.00

DOCUMENT # P93000018826

1. Entity Name

NEIGHBORHOOD FOOD STORES, INC.



Principal Place of Business

6851 FALCONSGATE AVE
DAVIE FL 33331

Mailing Address

12585 SW 34TH PL
FORT LAUDERDALE FL 33330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0394519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARAKUNNEL, JOSEPH
6851 FALCONSGATE AVE
DAVIE FL 33331

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KARAKUNNEL, JOSEPH
6851 FALCONSGATE AVE
DAVIE FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/03

954 970 2849

CR2E034 (4/03)

Attachment #

80135037

P93 000018826

July 25, 2003

From: Joseph Karakunnel
6851 Falconsgate ave
Davie, Florida 33331

To :The Division of Corporations
Uniform Business Report Filing
P.O box # 1500
Tallahassee, Florida 32302 -1500

Dear Sir Madam:

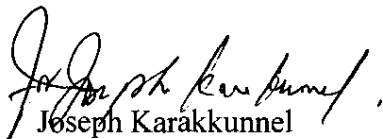
Sub: Uniform Business Report Filing

We have received your letter for renewal of the corporation. We did not receive your earlier notice and this is the first time we are getting this notice. We request you to wave the late fee.

Please find \$ 150.00 as original filing fee.

Should you have any questions, Please contact our accountant Jose Thomas, C.P.A at (954) 270 7849

Sincerely


Joseph Karakunnel
President