

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p93000046786

1. Entity Name

Food Plus Davie, Inc.

FILED
Jul 13, 2001 8:00 am
Secretary of State

05-17-2001 90381 040 ***150.00

Principal Place of Business

3031 W Davie Blvd
Ft. Lauderdale, Florida 33312

Mailing Address

3031 W Davie Blvd
Ft. Lauderdale, Fl 33312

76381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0421202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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.

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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Islam, Shohag U		NAME	
STREET ADDRESS	3031 W Davie Blvd		STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33312		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ahmed, Nasir U		NAME	
STREET ADDRESS	3031 W Davie Blvd		STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33312		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

3. 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.

CR2E034 (11/00)

Nasir Ahmed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 10th, 2001

583

Date

Daytime Phone #

Attachment
Doc. # P93000046786
May 2, 2001

Division of Corporations
Uniform Business Report filings.
P.O.BOX 1500
Tallahassee,FL 32302 - 1500.

Subject: Reason for late filing.

74381

Dear Sir,

I have been sick .Due to my illness I could not make up my paper work ready
In time.

Please, excuse me for this time and allow me file with regular fee which
Is \$150.00. Thank you for your kind consideration.

Sincerely

Food plus Davie INC.

3031 W Davie Blvd
Ft Lauderdale FL 33312 - 2836.

Vic President:- *Varinder Ahmed*

Print Nam:- AHMED, NASIR U

Tyron