

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90075 006 ***150.00

DOCUMENT # P93000071543

1. Entity Name
MOGHALS INC



Principal Place of Business
**4936 E BUSCH BLVD.
TAMPA FL 33617**

Mailing Address
**4936 E BUSCH BLVD.
TAMPA FL 33617**

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 **59-3207192**

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

**IOBAL, SYED
4936 E BUSCH BLVD.
TAMPA FL 33617**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **IOBAL, SYED R.**
STREET ADDRESS **18006 PALM BREEZE DR.**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **VP** ☒ Delete
NAME **RASHEED, ZAINUB**
STREET ADDRESS **18006 PALM BREEZE DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VP:** ☒ Change ☐ Addition
NAME **RASHEED ZAINUB**
STREET ADDRESS **18006 PALM BREEZE DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE:

IOBAL, SYED R. IOBAL 4/8/03

Date

Daytime Phone #

813-310-4286
813-987-9755

CR2E034 (10/02)

Attachment

10670345

TO: DEPARTMENT OF STATE: FLORIDA
(DIVISION OF CORPORATION)

From: MOGHAL'S INC. P 93000071543
DBA: / TAJ MAHAL GROCERIES
4436 E. BUSCH. Bld.
TAMPA. Florida. 33617.

date: 4/8/03

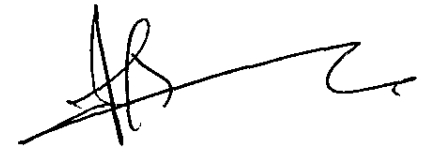
Subject: ~~"DELETE"~~ - my wife NAME AS MENTIONED
VP: ZAINUB RASHEED:

Enclosed PLEASE FIND A CHECK NO 426
AMOUNTING \$ 150.00 For: Renewal Fees:

PLEASE "DELETE" my wife's name
as STATED VP: RASHEED ZAINUB:

if you have any Question do not
hesitate to Call. 813: 310.4286.

THANK / Best. Regs


SYED R. RASOOL
(PRESIDENT)