

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078576

1. Entity Name
INTERNATIONAL CUISINE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90066 034 ***150.00

Principal Place of Business
164 HIGHWAY 17 SOUTH
SUITE 21
EAST PALATKA FL 32131
US

Mailing Address
164 HIGHWAY 17 SOUTH
SUITE 21
EAST PALATKA FL 32131
US

010401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9428 BAYMEADOWS ROAD
Suite, Apt. #, etc.
SUITE #108

3. Mailing Address
9428 BAYMEADOWS ROAD
Suite, Apt. #, etc.
SUITE #108

City & State
JACKSONVILLE, FL
Zip
32256
Country
U.S.A.

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JACKSONVILLE, FL
Zip
32256
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4. FEI Number 59-3214209
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PRESSER, EDWIN
4417 BEACH BOULEVARD
SUITE 310
JACKSONVILLE FL 32207

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SHAIKH, M.A. 10102 N. LEISURE LANE JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALLAS, DELMER W 8090 HUNTERS GROVE ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOJADIDI, QUDRATULLAH 6518 CHRISTOPHER POINT ROAD WEST JACKSONVILLE FL 32217	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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

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: M. Shaikh SHAIKH, M.A., PRESIDENT 4-17-01 (904) 730-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)