

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000039523.

1. Entity Name

CIRCLE 'S' FOOD STORE/INC.

DO NOT WRITE IN THIS SPACE 10/4/02

FILED

02 NOV 27 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201-49th ST SOUTH

Suite, Apt. #, etc.

3. Mailing Address

2201-49th ST SOUTH

Suite, Apt. #, etc.

City & State

GULF PORT, FLORIDA

City & State

GULF PORT, FLORIDA

Zip

33707

Country

U.S.A.

Zip

33707

Country

U.S.A.

4. FEI Number

65-0593957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Fazle Arif Chowdhury

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

2291 48th Street South

City

Gulfport

FL

Zip Code

33707

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

ST  
CHOWDHURY SAMIA R.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

900010133189  
01/15/03--01069--004 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
CHOWDHURY FAZLE ARIF

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Fazle Arif Chowdhury  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-02

Date

727-776-2165

Daytime Phone #

CH2E034B (12/01)



P94000039523  
CIRCLE K FOOD STORE INC.

&  
AMOCO GAS STATION

2201-49th street South, Gulf Port. Florida. 33707, U.S.A

Phone : Off : 727-321-3256

Res : 727-341-2075

Fax : 727-327-3432

E-mail : Achowd1875@aol.com

Ref :

Date \_\_\_\_\_

To

The Honourable  
Buck Kohr , Esq  
Division Of Corporation  
Tallahassee , Florida.

Nov. 25, 2002

Dear Sir,

With due respect I beg to state the following fact for your kind consideration on extream sympathetic ground.

That I have lost both of my kidney and at present I m under the treatment of Dr. Gerald J Rizzo M.D.D.P ( Nephrology ) and taking dialysis 3 ( three ) days a week at St.Petersburg Artifical kidney center ( Dialysis and Renal Services) at 8601 4th st. Nothr suite 101.

Hope your honour will consider the facts and exempt the fine.

With regards,  
yours faithfully.

*Fazle Arif Chowdhury*  
( Fazle Arif Chowdhury)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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