

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90735 044 ***150.00

DOCUMENT # **P94000082284**

1. Entity Name
BROADWAY FOOD STORE INC.



Principal Place of Business
**3 EAST BROADWAY
FT MEADE FL 33841
US**

Mailing Address
**4129 US HWY 17 N
BOWLING GREEN FL 33830
US**

2. Principal Place of Business

3. Mailing Address
2481 S. KISSINGEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BARTOW FL.

Zip

Country

Zip
33830

Country

POLK

4. FEI Number **59-3277680**

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

**HITESH, PATEL
4129 US HWY 17 N
BOWLING GREEN FL 33830**

7. Name and Address of New Registered Agent

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

2481 S KISSINGEN AVE

City
BARTOW

FL **33830**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PATEL, RANTAN	
STREET ADDRESS	2481 S KISSINGEN AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATEL HITESH	
STREET ADDRESS	2481 S. KISSINGEN AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED HITESH PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03

(863) 519-9867

Date

Daytime Phone #

CR2E034 (10/02)