

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91001 048 ***150.00

0256443 AV

DOCUMENT # P94000084208

1. Entity Name
FOOD PLUS 112, INC.

Principal Place of Business
**11665 NE 2ND AVE.
APARTMENT 603
NORTH MIAMI FL 33161
US**

Mailing Address
**11665 NE 2ND AVE.
APARTMENT 603
NORTH MIAMI FL 33161
US**



2. Principal Place of Business
11665 NE 2ND AVE

Suite, Apt. #, etc.

3. Mailing Address
11665 NE 2ND AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI, FL

Zip
33161

Country

City & State
NORTH MIAMI, FL

Zip
33161

Country

4. FEI Number
65-0533968

Applied For
Not Applicable

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

**SHABEER, SHEKHA
11665 NE 2ND AVE.
APARTMENT 603
NORTH MIAMI FL 33161**

Name
SHABEER SHEKHA

Street Address (P.O. Box Number is Not Acceptable)
11665 NE 2ND AVE.

City
NORTH MIAMI FL Zip Code
33161

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 *Shabeer* **SHABEER SHEKHA STD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

28 FEB 2002

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAHAMMAD, NOOR
11665 NE 2ND AVE
NORTH MIAMI FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SHEKHA, SHABEER
11665 NE 2ND AVE
N. MIAMI FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Shabeer* **SHABEER SHEKHA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 FEB 2002 (305)895-8769
Date Daytime Phone #

CR2E034 (9/01)