

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90782 025 ***158.75

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DOCUMENT # P95000066673

1. Entity Name
SUPER GROCER INC. OF USA



Principal Place of Business
600 N FEDERAL HWY
BOYNTON BEACH FL 33435

Mailing Address
600 N FEDERAL HWY
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0604097

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

REZWAN, MIR S
600 N FEDERAL HWY
BOYNTON BEACH FL 33435

Name **MOHAMMED O CHOWDHURY**
Street Address (P.O. Box Number is Not Acceptable)
600 N. FED. HWY
City **Boynton BEACH** **FL** **Zip Code** **33435**

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	V	<input type="checkbox"/> Delete
NAME	REZWAN, MIR S	
STREET ADDRESS	600 N FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHOWDHURY, MOHAMMED O	
STREET ADDRESS	600 N FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24/03

Date

Daytime Phone #

961-364-0511

CR2E034 (10/02)