

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067814

1. Entity Name

KING'S CHOICE FOOD, INC

(R)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90095 043 ***150.00

Principal Place of Business

2583 N ORANGE BLOSSOM TR
ORLANDO FL 32804
US

Mailing Address

2583 N ORANGE BLOSSOM TR
ORLANDO FL 32804
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3334309

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
DVST
PEJMAN, TED V
2583 N ORANGE BLOSSOM TR
ORLANDO FL 32804 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SALEHI, HESAM R
2583 N ORANGE BLOSSOM TR
ORLANDO FL 32804 ☐ 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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00

Date

407-9639579

Daytime Phone #

CR2E034 (5/00)



KING'S CHOICE FOOD INC.
2583 N. Orange Blossom Trail
ORLANDO FL, 32804
PH: (407) 426 - 9979
FAX: (407) 426 - 9688

Attachment
#P95000067814
A0071958

FEI # 593334309

Date: 07 / 26 / 2000

To : Florida Department of State

Recently I have received a letter from your department indicating delinquents of our renewal of corporation.

According to our records, we show that we have sent our application with a check # 5697 for \$150. As we do with our legal documents, I have registered mail your application and the check. The certified mail receipt indicates that it was mailed in on May / 9/ 2000, it was received by your department on May/ 11/ 2000.

I will send you a copy of my postage documents and also another check # 5855 in case the last check was misplaced. I appreciate all your efforts to result this matter.

Respectfully,

Hesam Reyhani,
President

CEL # (407) 963 9579

Check # → 5697

DATE

4-15-00

PAY TO

Division of Corp

FOR

TOTAL

150 00

THIS CHECK

OTHER TRANS

TAX DEDUCTIBLE ☐

BALANCE

© HARLAND Style #1

STYLE: B-95N CKS: 900 DTB: 0

Attachment
#P95000001814
A0071958

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$

33

Certified Fee

190

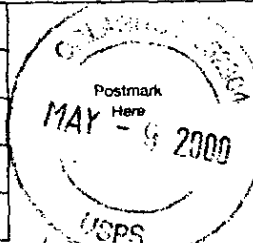
Return Receipt Fee
(Endorsement Required)

125

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 298



Name (Please Print Clearly) (to be completed by mailer)

FL DEP OF STATE / Division of Corp

Street, Apt. No., or PO Box No.

P.O. Box 6327

City, State, ZIP+4

Tallahassee

32314

PS Form 3800 July 1995

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Florida DEP OF STATE
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Terry Rainey

☐ Agent

☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

MAY 11 2000

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes