

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90136 045 \*\*\*150.00

**DOCUMENT # P96000011735**

1. Entity Name

**FAMOUS MARKET DELI OF SUNRISE, INC.**

Principal Place of Business

Mailing Address

**8330 W OAKLAND PARK BLVD  
 SUNRISE FL 33351**

**8330 W OAKLAND PARK BLVD  
 SUNRISE FL 33351-7308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0644652**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISLAM, MOHAMMED M  
 8330 W OAKLAND PARK BLVD  
 SUNRISE FL 33351**

Name **RAQUIBUL MATIN**

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

**440 S.W 54TH AVE**

City **PLANTATION**

**FL**

Zip Code **33317**

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 *Raquiul Matin*

**RAQUIBUL MATIN**

**2-4-00**

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 \$150.00  
 After MAY 1, 2000 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 **DP**  Delete  
 NAME **ISLAM, MANZURUL**  
 STREET ADDRESS **12693 TORBAY AVE**  
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **RAQUIBUL MATIN**  Change  Addition  
 NAME **VICE PRES**  
 STREET ADDRESS **440 S.W 54TH AVE**  
 CITY-ST-ZIP **PLANTATION FLA-33317**

TITLE **DS**  Delete  
 NAME **ISLAM, MOHAMMED M**  
 STREET ADDRESS **6251 PALM TRACE LANDINGS #218**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV**  Delete  
 NAME **HOSSAIN, MOHAMMAD A**  
 STREET ADDRESS **4410 SW 1ST ST**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **DV**  Change  Addition  
 NAME **HOSSAIN, MOHAMMAD A**  
 STREET ADDRESS **5260 S.W 9TH ST**  
 CITY-ST-ZIP **PLANTATION FLA-33317**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Raquiul Matin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-00 (954) 520-3996**

Date

Daytime Phone #

CR2E034 (9/99)