

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90107 043 ***150.00

DOCUMENT # P96000054372

1. Entity Name
LONG KEY SUPERMARKET, INC.



Principal Place of Business
**MILE MARKER 69.5 U.S. 1
LONG KEY FL 33050**

Mailing Address
**P O BOX 524
LAYTON FL 33001
US**

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 **65-0678912**

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

7. Name and Address of New Registered Agent

**NATH, SUDHIR CHANDRA
MILE MARKER 69.5 U.S. 1
LONG KEY FL 33001**

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. 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 **D** ☐ Delete
NAME **KHAN, MOHAMMED DINAJ**
STREET ADDRESS **18338 FRESH LAKE WAY**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **D** ☒ Change ☐ Addition
NAME **MOHAMMED DINAJ KHAN**
STREET ADDRESS **10245 LA REINA ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL-33442**

TITLE **D** ☐ Delete
NAME **NATH, SUDHIR CHANDRA**
STREET ADDRESS **MILE MARKER 69.5 U.S. 1**
CITY-ST-ZIP **LONG KEY FL**

TITLE **SUDHIR C. NATH** ☐ Change ☐ Addition
NAME **17628 SW 146 CT.**
STREET ADDRESS **MIAMI FL-33177**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HASSAN, MOHAMED MASUD**
STREET ADDRESS **12320 S.W. 151 STREET #178**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MOHAMMED D. KHAN

1/24/03 954-520-0822
Date Daytime Phone #

CR2E034 (10/02)