

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P96000081965

1. Entity Name
AVENTURA FOOD MART, INC.

FILED

00 JUL 31 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
19190 W DIXIE HWY
NORTH MIAMI BEACH FL 33180
US

Mailing Address
19190 W DIXIE HWY
NORTH MIAMI BEACH FL 33180
US

2. Principal Place of Business
RETAIL
Suite, Apt. #, etc.

3. Mailing Address
19190 W. Dixie Hwy NMB
Suite, Apt. #, etc.

City & State
N.M.B. FLA

City & State
Same

Zip
33180

Country
Dade

Zip
Same

Country
Same

4. FEI Number 65-0714951

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BASHIR, ABDUL R
19190 W DIXIE HWY
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent
Name
ABDUL R. BASHIR
Street Address (P.O. Box Number is Not Acceptable)
15320 N. Miami Ave
Miami
City FLA 33169 FL Zip Code 33169

Everything Same No change.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P BASHIR, ABDUL R 19190 W DIXIE HWY NORTH MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003349372--5 -08/08/00--01065--001 ****158.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BASHIR, MARTHA R 19190 W DIXIE HWY NORTH MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABDUL R. BASHIR 3/2/00 7/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

To,
Stacy Prather
c/o Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Fla 32314

Dt 7/8/00

DEAR Stacy, As per our conversation I am sending you another check for \$150⁰⁰. I would like to put a tracer what happened to the check I have send you on March 22nd 2000 please if you do turn up two checks please send me one back

Thanks so much for your
Co-operations

Sorry for any inconvenience

Sincerely,
From R Prather

P.S.

Received the second notice
3 days after I spoke to you

Ph: 305 933-1505