2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P97000020913 DOCUMENT

1. Entity Name

SOUTH FEDERAL HIGHWAY DONUTS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90092 013 ***150.00

				OD WE IF		
1579 S. FEDERAL HWY 1405 S POL		Mailing Addre 1405 S POWE POMPANO BC	rline RD			
						1811 6 11811 66 118 18181 11886 1111 1881
2. Principal Place of Business		3. Mailing Address			- 1887/1881 178 1871/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1881/1 1	TO THE CLOSE BOOK OF THE PARTY
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 1,	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0756307	Applied For Not Applicable
Zip	Country	Zip	Count	ry	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		
DUNKIN DONUTS				Name		
1405 S. POW	=			Street Address	(P.O. Box Number is Not Acceptable)	
POMPANO BO	H FL 33069					,
				City		Zip Code
3. The above name	ed entity submits this statement f of registered agent.	or the purpose of ch	anging its registered	d office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept
are obligations	or registered agent,					
SIGNATURE						
Signa	ture, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DA	'E
After May Make Check Pay	NOW!!! FEE IS \$150.00 / 1, 2003 Fee will be \$550.00 rable to Florida Department c	of State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO DESICERS	ND DIRECTORS IN 11

TITLE ☐ Delete TITLE ☐ Addition FALLAN MOGHADDAM, MANOOCHERHR NAME NAME 1405 S POWERLINE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ZAHEDI, HAMID R NAME STREET ADDRESS 20256 HACIENDA COURT STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33498 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ` Additi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 off 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: