

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 13 AM 8:00

DOCUMENT # P97000024808

1. Entity Name

STAR FOOD STORES INC. II



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3131 NW, 35TH AVENUE

3. Mailing Address

4344 N.W. 67TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUDERDALE LAKES, FLORIDA

City & State
CORAL SPRINGS, FLORIDA

4. FEI Number 65-0770013

Applied For
Not Applicable

Zip
33313

Country
U.S.A.

Zip
33067

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MOHAMAD S. KHAN

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

4344 N.W. , 67TH WAY

City CORAL SPRINGS

FL

Zip Code
33067

**DO NOT WRITE
IN THIS SPACE**

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

Mohamad S. Khan

MOHAMAD S. KHAN

08/07/2003

Signature, typed or printed name of registered agent on file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
D
HASSAN, REHANA
STREET ADDRESS
4344 NW, 67TH WAY, CORAL SPRINGS, FL
CITY-ST-ZIP
33067

TITLE
NAME
600022289916
STREET ADDRESS
08/13/03--01064--005 **150.00
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rehana Hassan

REHANA HASSAN

08/07/2003

954-731-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

STAR FOOD STORES INC II
4344 N.W., 67TH WAY
CORAL SPRINGS, FL. 33067

Aug 7, 2003

To,
Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re. P 97000024808
STAR FOOD STORES INC II

Dear Sir/Madam,

Enclosed please find a check in the amount of \$ 150.00 for

1 2003 Uniform Business Report (UBR)

I did not get the original UBR form because my mailing address has changed and could not renew my corporation in 2003.

Kindly, please waive the penalty, as this was my first time. I sincerely apologize for any inconvenience caused to you.

~~Very Truly Yours,~~


Rehana Hassan