

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -8 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000035505

1. Entity Name
SONAL FOOD Mart, Inc

Principal Place of Business
4703 22nd Avenue South
ST. PETERSBURG, FL
33711

Mailing Address
4703 22nd Avenue South
ST. PETERSBURG, FL
33711

2. Principal Place of Business
4703 22nd Avenue South
Suite, Apt. #, etc.

3. Mailing Address
4703 22nd Avenue South
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
65-0746105

Applied For
Not Applicable

Zip
33711

Country
US

Zip
33711

Country
US

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

6. Name and Address of Current Registered Agent

SHAKAWAT HOSSAIN
2523 44th Street South
ST. PETERSBURG, FL 33711

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 \$160.00
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

TITLE	<input checked="" type="checkbox"/> Delete
NAME	RICHARD VOGT
STREET ADDRESS	6321 7 th AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/T/S SHAKAWAT HOSSAIN
STREET ADDRESS	2523 44 th Street South
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. SALIM U. KHAN
STREET ADDRESS	2539 44 th Street South
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200003302002-3
-06/22/00-01104-007
*****70.00 *****70.00

☐ Change ☐ Addition
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/00 (727) 327-3119
Date Daytime Phone #

CR2E034 (9/99)