

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90029 050 ***158.75

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 AV

DOCUMENT # P97000035505

1. Entity Name

SONAL FOOD MART, INC.

Principal Place of Business

**4703 22ND AVENUE SOUTH
 ST PETERSBURG FL 33710**

Mailing Address

**4703 22ND AVENUE SOUTH
 ST PETERSBURG FL 33710**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0746105

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HOSSAIN, SHAKAWAT

2523 44TH STREET SOUTH

SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name **SHAKAWAT HOSSAIN**

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

3794 27TH AVE SOUTH

City **ST. PETERSBURG**

FL

Zip Code **33711**

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 \$550.00
After September 12, 2001 Fee 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

TITLE **PTS** ☐ Delete
 NAME **HOSSAIN, SHAKAWAT**
 STREET ADDRESS **2523 44TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **VP** ☐ Delete
 NAME **KHAN, SALIM U**
 STREET ADDRESS **2539 44TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition
 NAME **SHAKAWAT HOSSAIN**
 STREET ADDRESS **3794 27TH AVE SOUTH** **HOME ADDRESS**
 CITY-ST-ZIP **ST. PETERSBURG, FL-33711** **CHANGE**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SHAKAWAT HOSSAIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/01 727-327-3119

CR2E034 (5/01)