

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

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90100 002 *****8.75
09-04-2002 90100 001 ***150.00

DOCUMENT # P97000035505
1. Entity Name
SONAL FOOD MART, INC

DO NOT WRITE IN THIS SPACE

98840

2. Principal Place of Business 4703 22nd Ave So
Suite, Apt. #, etc.
3. Mailing Address 4703 22nd Ave So
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State St. Petersburg, FL **City & State** St. Petersburg, FL
Zip 33711 **Country** Pinellas **Zip** 33711 **Country** Pinellas
4. FEI Number 105-0746105 **Applied For**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name SHAKAWAT HOSSAIN
Street Address (P.O. Box Number is Not Acceptable) 3794 27th Ave So
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 SHAKAWAT HOSSAIN
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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | Pres | TITLE | |
| NAME | HOSSAIN, SHAKAWAT | NAME | |
| STREET ADDRESS | 3794 27th Ave So | STREET ADDRESS | |
| CITY-ST-ZIP | St. Petersburg, FL 33711 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **8/29/02** **727-327-3119**
Date Daytime Phone #

CR2E034B (12/01)

Attachment

98860

P97000035505

8/29/02

RE: UNIFORM BUSINESS REPORT (UBR)

ACCOUNT: SONAL FOOD MART INC.

4703 22ND AV SOUTH

ST. PETERSBURG, FL 33711

DOCUMENT # P97000035505

DEAR SIR,

We have not Received The Frist UBR
Renewal notice, which usally we receive
at the begning of year, but in the year-
2002 we did not receive the same, ~~so~~ ~~so~~
so, we made a phone call to your office
and collect addidinal form, for our corporation
renewal. Therefore we would request you to
kindly Wive our late fees.

Thanking you.

very truly yours..

Shakeenat Hassani
president

