FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000043524**1. Corporation Name

NAHID'S FOODMART #109, INC.

	·
Principal Place of Business	Mailing Address
12693 TORBAY DRIVE BOCA RATON FL 33428	12693 TORBAY DRIVE BOCA RATON FL 33428
•	

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90010 007 ***150.00

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Principal Place of Business Mailing Address					1 (19(10)) 110 1014 1004 9141 9141 401	1)) 11611 WIST 1081
12693 TORBAY	DRIVE	12693 TORBAY DRIVE					
BOCA RATON FL 33428 BOCA RATON FL 33428				DO NOT WRITE IN	I THIS SPACE		
					3. Date Incorporated or Qualifed	THIS GI AGE	
					05/16/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			65-0753977	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-		\$8.75	Additional
22	,	27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	e j	City & State		-	6. Election Campaign Financing	\$5.00	May Be
23	and the second	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	_	intry	8. This corporation owes the current years		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		041)	10. Name and Address of New Regis	tered Agent	
ICI A	AA AAANTI IDI II			81 Name			
	IM, MANZURUL 33 TORBAY DRIVE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	A RATON FL 33428			-			
ВОС	A RATON FL 33420			83			
				84 City		85 Zip	Code
					poration submits this statement for the purp	<u> </u>	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505, Fl	authorized orida Stat	by the corporat utes.	ion's board of directors. I nereby accept the	ATE	igistered
	Signature, typed or printed name of registered as	pent and title if applicable. (NOT NOT DIRECTORS	E: Registered	d Agent signature requir	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	DPS	□ DELETE	1.1 T	me I	ADDITIONO/CITATOLO TO CITAD	☐ Change	Addition
NAME	ISLAM, MANZURUL	_	1.2 N				Ì
STREET ADDRESS	ARROA TORRAN DON'T			TREET ADDRESS			ļ
	BOCA RATON FL 33428			ITY-ST-ZIP			
CITY-ST-ZIP TITLE	DV	☐ DELETE	2.1 T			Change	☐ Addition
NAME	AHMED, JALAL	<u></u>	2.2 N	i			
STREET ADDRESS	12693 TORBAY DRIVE		~	TREET ADORESS			-
	BOCA RATON FL 33428			CITY-ST-ZIP			ĺ
CITY-ST-ZIP TITLE	DT	☐ DELETE	3.1 T			☐ Change	☐ Addition
NAME	MOSTOFA, KAMAL		3.2 N	1	· : ·		1
STREET ADDRESS	44444 TODBAW DODG			TREET ADORESS			\
CITY-ST-ZIP	BOCA RATON FL 33428			CITY-ST-ZIP			
TITLE	BOOK HATOIT IE GOTEO	☐ DELETE	4.1 Ti			☐ Change	☐ Addition (
NAME	,			łame			{
STREET ADDRESS	`		4	TREET ADDRESS			İ
	· ·		1	ITY-ST-ZIP	,		
CITY-ST-ZIP .		☐ DELETE	5.1 Ti	~		☐ Change	Addition
NAME			5.2 N	1			
STREET ADDRESS				TREET ADDRESS			
			1	ITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T			☐ Change	☐ Addition
NAME			6.2 N	AME		_	
STREET ADDRESS	·			TREET ADDRESS			}
DIRECT ADDRESS			1				

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6010-25 (14P)