2000 UNIFORM BUSINESS REPORT (UBR)

7

FILED
Aug 14, 2000 8:00 am
Secretary of State
07-28-2000 90004 006 ***150.00

DOCUMENT # P97000043524

1. Entity 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

2. Principal Place of Business	3. Mailing Address
17100 S. TAMIAMI TR	17100 S. TAMIAMI TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FLA	City & State: NAPLES FLORIDA
Zip: 34114 Country: U.S.A	Zip: 34114 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0753977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISLAM, MANZURUL
12693 TORBAY DRIVE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name: MANZURUL ISLAM

Street Address (P.O. Box Number Is Not Acceptable): 17100 TAMIAMI TR. E

City: NAPLES FL Zip Code: 34114

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2000 Min. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ISLAM, MANZURUL	NAME	
STREET ADDRESS	12693 TORBAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AHMED, JALAL	NAME	
STREET ADDRESS	12693 TORBAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOSTOFA, KAMAL	NAME	
STREET ADDRESS	12693 TORBAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED — 07-19-00 — (941) 775-8616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
04F00004135X
[redacted]
309195

DATE: 07-19-2000

TO: DIVISION of CORPORATION
UNIFORM BUSINESS REPORT FILING
P.O. BOX. 1500
TALLAHASSEE, FL. 32302-1500

DEAR SIR / MADAM.

RESPECTFULLY, WE did NOT RECEIVED THE FIRST LETTER.

PLEASE CONSIDER US TO FILING as a 1ST LETTER.

IF YOU HAVE ANY QUESTION YOU CAN REACH ME AT THIS NUMBER. 941-775-8616

SINCERELY
MUSTAFA KHAMAL
[redacted]