

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.

OR

Principal Place of Business

12693 TORBAY DRIVE
 BOCA RATON FL 33428

Mailing Address

12693 TORBAY DRIVE
 BOCA RATON FL 33428

2. Principal Place of Business

17100 S. TAMiami TR

3. Mailing Address

17100 S. TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FLA

City & State

NAPLES FLORIDA

4. FEI Number

65-0753977

Applied For

Not Applicable

Zip

34114

Country

U.S.A

Zip

34114

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

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 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

TITLE	DPS	☐ Delete
NAME	ISLAM, MANZURUL	
STREET ADDRESS	12693 TORBAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DV	☐ Delete
NAME	AHMED, JALAL	
STREET ADDRESS	12693 TORBAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DT	☐ Delete
NAME	MOSTOFA, KAMAL	
STREET ADDRESS	12693 TORBAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

07-19-00

(941) 775-8616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
07-20-2000 07:24
~~07-20-2000~~ P.01
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
~~Mustafa Khamal~~