

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046803

1. Entity Name

EAST & MAIN GROCERY & COIN LAUNDRY INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90175 017 \*\*\*150.00

Principal Place of Business

Mailing Address

E MAIN ST  
FL 34748

PO BOX 601  
FRUITLAND PARK FL 34731-0601  
US

603134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

949 E Main St  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 601  
Suite, Apt. #, etc.

City & State

Leesburg FL  
Zip 34748 Country

City & State

Fruitland PK  
Zip 34731 Country FL

4. FEI Number

59-3451695

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAFEK, MOHAMID  
2108 LEWIS RD  
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

1/11/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 P ☐ Delete  
NAME RAFEK, MOHAMID  
STREET ADDRESS 2108 LEWIS RD  
CITY-ST-ZIP LEESBURG FL 34748

TITLE D ☐ Delete  
NAME RAFEK, ABDUL  
STREET ADDRESS P O BOX 601 N/A  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00  
Date

(352) 326-8353  
Daytime Phone #

CR2E034 (9/99)