

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State
 01-14-2002 90041 039 ***150.00

DOCUMENT # P97000046803

1. Entity Name
EAST & MAIN GROCERY & COIN LAUNDRY INC.

Principal Place of Business

949 E MAIN ST
LEESBURG FL 34748
US

Mailing Address

PO BOX 601
FRUITLAND PARK FL 34731
US

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

City & State

Fruitland Park FL

Zip
34748

Country
FL

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

RAFEEL, 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

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, 2002 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 **RAFEEL, MOHAMID**
STREET ADDRESS **2108 LEWIS RD**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ Delete
NAME **RAFEEL, 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
NAME
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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

1/7/02
 Date

352-326-8353
 Daytime Phone #

CR2E034 (9/01)