

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073923

1. Entity Name

SUNSHINE FOOD MART, INC.

Principal Place of Business

9110 NW 26TH PLACE
SUNRISE FL 33322

Mailing Address

9110 NW 26TH PLACE
SUNRISE FL 33322-2829

2. Principal Place of Business

2349 NW 9TH AVE

3. Mailing Address

2349 NW 9TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILTON MANORS FL

City & State

WILTON MANORS FL

Zip

33311

Country

USA

Zip

33311

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABDO, HANNA E
9110 NW 26TH PLACE
SUNRISE FL 33322

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ABDO, HANNA E
CITY-ST-ZIP 9110 NW 26TH PLACE
SUNRISE FL 33322

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DARWISH, ZYAD M.
CITY-ST-ZIP 4706 PIER DRIVE
GREENACRES FL 33463

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/15/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90337 032 ***150.00

CR2E034 (9/99)