

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087633

1. Entity Name

ISLAND FOOD OF STARKE, INC.

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

04-18-2000 90137 017 ***163.75

Principal Place of Business

Mailing Address

526 N. ORANGE AVENUE
GREEN COVE SPRINGS FL 32043

526 N. ORANGE AVENUE
GREEN COVE SPRINGS FL 32043-2916

2. Principal Place of Business

1647 S.E. S.R 100

3. Mailing Address

P.O. BOX - 203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1647 S.E. S.R 100

City & State

PUTNAM HALL, FL

City & State

PUTNAM HALL, FL

4. FEI Number

59-3479383

Applied For

Not Applicable

Zip

32185

Country

U.S.A.

Zip

32185

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASAD, YAHIA M
490 CAMPINA STREET
ST. AUGUSTINE FL 32086

Name

NATVARLAL K. PATEL

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

3310 N.W. 31st AVENUE

City

GAINESVILLE

FL

Zip Code

32605

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

3/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ASAD, YAHIA M
STREET ADDRESS 490 CAMPINA STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE P.S. ☒ Change ☐ Addition
NAME NATVARLAL K. PATEL
STREET ADDRESS 3310 N.W. 31st AVENUE
CITY-ST-ZIP GAINESVILLE, FL - 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P. ☐ Change ☒ Addition
NAME YOGESH V PATEL
STREET ADDRESS 470 S.E. 41st LOOP APT-91
CITY-ST-ZIP KEYSTONE HEIGHTS, FL - 32656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *S. M. ASAD* (NATVARLAL K. PATEL) 3/15/00. 352-473-7191

CR2E034 (9/99)