

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095395

1. Entity Name  
ROAD RUNNER FOOD MART, INC.

Principal Place of Business  
3650 N. STATE RD. 7  
LAUDERDALE LAKES FL 33319

Mailing Address  
3650 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319

2. Principal Place of Business  
11000 S.W. 23RD ST  
Suite, Apt. #, etc.

3. Mailing Address  
11000 S.W. 23RD ST  
Suite, Apt. #, etc.

City & State  
DAVIE FL  
Zip  
33324  
Country  
BROWARD

City & State  
DAVIE FL  
Zip  
33324  
Country  
BROWARD

4. FEI Number 65-0794968

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITHAVAYANI, HUSSAIN A  
11000 SW 23RD ST.  
DAVIE FL 33324

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 *HUSSAIN A MITHAVAYANI*  
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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
MITHAVAYANI, HUSSAIN A  
11000 SW 23RD ST.  
DAVIE FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *HUSSAIN A MITHAVAYANI*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/01  
Date

954-723-9937  
Daytime Phone #

FILED  
Aug 31, 2001 8:00 am  
Secretary of State

04-24-2001 90039 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)