

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000098223**

1. Entity Name

**A & S FOOD AND BEVERAGE, INC.**

Principal Place of Business

Mailing Address

**JOCOBELLI PLAZA  
125 DEL PRADO NORTH  
CAPE CORAL FL 33990****JOCOBELLI PLAZA  
125 DEL PRADO NORTH  
CAPE CORAL FL 33909-6310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0803984**

Applied For

Not Applicable

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

**MUMIN, MOHAMMED ABDUL  
JOCOBELLI PLAZA  
125 DEL PRADO NORTH  
CAPE CORAL FL 33990**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	SARKER, ANUP	
STREET ADDRESS	JOCOBELLI PLAZA, 125 DEL PRADO NORTH	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SARKER, ANJANA	
STREET ADDRESS	JOCOBELLI PLAZA, 125 DEL PRADO NORTH	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	MUMIN, MOHAMMED ABDUL	
STREET ADDRESS	JOCOBELLI PLAZA, 125 DEL PRADO NORTH	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	MUMIN, SHAHANA	
STREET ADDRESS	JOCOBELLI PLAZA, 125 DEL PRADO NORTH	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 01.17.2000