

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003501

1. Entity Name
FOOD MAX #1001, INC.

Principal Place of Business
3801 S. DALE MABRY
TAMPA FL 33611

Mailing Address
3801 S. DALE MABRY
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0805917

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

DINAJ KHAN, MOHAMMED
18338 FRESH LAKE WAY
BOCA RATON FL 33498

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 *M. Khan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AHMED, JALAL
STREET ADDRESS 790 E. BAY DRIVE
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

TITLE SD
NAME DINAJ KHAN, MOHAMMED
STREET ADDRESS 18338 FRESH LAKE WAY
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE VP
NAME NAHID, FATIMA
STREET ADDRESS 12693 TORBAY DRIVE
CITY-ST-ZIP BOCA RATON FL 33428 ☐ 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

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 ~~key~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90174 042 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)