

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037473

1. Entity Name

BASHIR SUPERMARKET, INC

Principal Place of Business

14485 COUNTRY WALK DR.
MIAMI, FLORIDA 33186

Mailing Address

4545 N.W. 7th STREET
SUITE #12
MIAMI, FLORIDA 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0839031

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KHAMIS M. BASHIR
8215 B LAKE DRIVE #203
MIAMI, FLORIDA 33166

Name

JAMAL YOUSEF AHMAD

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

6720 WHITE OAK DRIVE

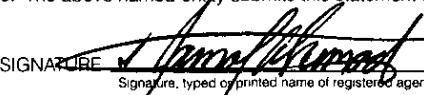
City

MIAMI, LAKES

FL Zip Code
33014

7. Name and Address of New Registered Agent

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASHIR MUSTAFA K.		NAME	JAMAL YOUSEF AHMAD		
STREET ADDRESS	14485 S.W. COUNTRY WALK DRIVE		STREET ADDRESS	6720 WHITE OAK DRIVE		
CITY-ST-ZIP	MTAMT, FLORIDA 33186		CITY-ST-ZIP	MIAMI LAKES, FLORIDA 33014		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASHIR KHAMIS M.		NAME			
STREET ADDRESS	14485 S.W. COUNTRY WALK DRIVE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FLORIDA 33186		CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASHIR JAMAL M.		NAME			
STREET ADDRESS	14485 S.W. COUNTRY WALK DRIVE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FLORIDA 33186		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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:  *• Jamal Y. Ahmad* APR 27 2000 *305-442-1418*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)