

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037473

1. Entity Name

BASHIR SUPERMARKET, INC

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90180 034 \*\*\*150.00

Principal Place of Business Mailing Address  
14485 COUNTRY WALK DR. 4545 N.W. 7th STREET  
MIAMI, FLORIDA 33186 SUITE #12  
MIAMI, FLORIDA 33126

00089240

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 65-0839031 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
Name JAMAL YOUSEF AHMAD  
Street Address (P.O. Box Number is Not Acceptable)  
6720 WHITE OAK DRIVE  
City MIAMI LAKES FL Zip Code 33014

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]* (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  
TITLE PD ☒ Delete  
NAME BASHIR MUSTAFA K.  
STREET ADDRESS 14485 S.W. COUNTRY WALK DRIVE  
CITY-ST-ZIP MIAMI, FLORIDA 33186  
TITLE VD ☐ Delete  
NAME BASHIR KHAMIS M.  
STREET ADDRESS 14485 S.W. COUNTRY WALK DRIVE  
CITY-ST-ZIP MIAMI, FLORIDA 33186  
TITLE STD ☐ Delete  
NAME BASHIR JAMAL M.  
STREET ADDRESS 14485 S.W. COUNTRY WALK DRIVE  
CITY-ST-ZIP MIAMI, FLORIDA 33186  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE P/S/T ☒ Change ☐ Addition  
NAME JAMAL YOUSEF AHMAD  
STREET ADDRESS 6720 WHITE OAK DRIVE  
CITY-ST-ZIP MIAMI LAKES, FLORIDA 33014  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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]* 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)