

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000094453

1. Corporation Name

EASTERN FOODS USA INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 23 AM 9:10



Principal Place of Business

11609 CLEVELAND AVE. #27  
FT. MYERS FL 33907

Mailing Address

11609 CLEVELAND AVE. #27  
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MALIK, KASHIF S  
11609 CLEVELAND AVE. #27  
FT. MYERS FL 33907

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

65-0873605

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

11.2 NAME KASHIF S MALIK

11.3 STREET ADDRESS 2427 E MALL DR. #329

11.4 CITY-ST-ZIP FT MYERS FL 33901

12.1 TITLE ☐ DELETE

12.2 NAME SARDAR A MALIK

12.3 STREET ADDRESS 2427 E MALL DR. #329

12.4 CITY-ST-ZIP FT MYERS FL 33901

13.1 TITLE ☐ DELETE

13.2 NAME ASIF S MALIK

13.3 STREET ADDRESS 2427 E MALL DR. #329

13.4 CITY-ST-ZIP FT MYERS FL 33901

14.1 TITLE ☐ DELETE

14.2 NAME IMTIAZ S MALIK

14.3 STREET ADDRESS 2427 E MALL DR. #329

14.4 CITY-ST-ZIP FT MYERS FL 33901

15.1 TITLE ☐ DELETE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY-ST-ZIP

15.5 TITLE ☐ DELETE

15.6 NAME

15.7 STREET ADDRESS

15.8 CITY-ST-ZIP

15.9 TITLE ☐ DELETE

15.10 NAME

15.11 STREET ADDRESS

15.12 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS SAME

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS SAME

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS SAME

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-99

Date

(407) 939-1903

Daytime Phone #

CR2E034 (11/98)