

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90655 033 ***150.00

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DOCUMENT # P98000102758

1. Entity Name
K.K. FOOD STORES INC.

Principal Place of Business
**722 PARK AVE.
LAKE PARK FL 33404**

Mailing Address
**722 PARK AVE.
LAKE PARK FL 33404**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0880958

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATEZ, ASHUK
450 S. OLD DIXIE HWY
STE 8
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **PATEL, ASHOK**
Street Address (P.O. Box Number is Not Acceptable)
450 S. OLD DIXIE HWY, #8
City **JUPITER** **FL** Zip Code **33458**

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, 2002 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 **VP** ☒ Delete
NAME **PATEZ, ANZIE**
STREET ADDRESS **450 S OLD DIXIEWAY**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **P** ☒ Delete
NAME **PATEZ, MALTI**
STREET ADDRESS **450 S OLD DIXIE HWY**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PATEL ANKUR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **PATEL, ANKUR**
STREET ADDRESS **450 S. OLD DIXIE HWY, #8**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **P** ☒ Change ☐ Addition
NAME **PATEL, MALTI**
STREET ADDRESS **450 S. OLD DIXIE HWY, #8**
CITY-ST-ZIP **JUPITER, FL 33458**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANKUR PATEL

02/25/02
Date

561-747-4384
Daytime Phone #

CR2E034 (9/01)