

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000762

1. Entity Name

HU FOOD MART INC

Principal Place of Business

2003 E. WATERS AVE  
TAMPA FL 33604

Mailing Address

2003 E. WATERS AVE  
TAMPA FL 33604

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3551124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, MANEKLAL  
2003 E. WATERS AVE  
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

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

City

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. B. Patel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-2001

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, 2001 Fee will be \$350.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME PATEL, MANEK  
STREET ADDRESS 2003 EAST WATER AVENUE  
CITY-STATE-ZIP HIALEAH FL 33014

☐ Delete

TITLE VP  
NAME PATEL, UMESH  
STREET ADDRESS 3908 TUDOR CT #179  
CITY-STATE-ZIP TAMPA FL 33604

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-STATE-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 *M. B. Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2001

Date

Displaying Phone #



DO NOT WRITE IN THIS SPACE

US 10/10

CR2E034 (10/00)