

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039561

1. Entity Name

GIANT FOOD & FUEL, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90423 028 ***150.00

Principal Place of Business

8289 PARK BLVD
LARGO FL 33777

Mailing Address

8289 PARK BLVD
LARGO FL 33777-4437

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

59-3574746

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POHLMAN, M.S.
801 WEST BAY DRIVE
SUITE 515
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

TITLE: DPS
NAME: SALHAB, SULafa
STREET ADDRESS: 1573 - 79TH AVENUE, N
CITY-ST-ZIP: ST. PETERSBURG FL 33702

TITLE: VTD
NAME: AL BAHISH, AHMED
STREET ADDRESS: 8500 BELCHER ROAD, #403
CITY-ST-ZIP: PINELLAS PARK FL 33781

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: VTD
NAME: ALBAHISH AHMED
STREET ADDRESS: 8428 91st Terr N Largo
CITY-ST-ZIP: FLA. 33777

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:
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 REQUIRED Sulafa Salhab
SULafa SALHAB

Date

(727) 399-1556

Daytime Phone #