

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000496937

1. Entity Name

MORANI. CO. INC

R

Principal Place of Business

Mailing Address

2. Principal Place of Business

2400 Feather Sound D.R.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1133

City & State

City & State

CLEARWATER FL

Zip

Country

Zip

Country

33762 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

AZIZ. A. ALI

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

2400 FEATHER. Sound D.R.

APT H 1133

City

CLEARWATER.

FL

Zip Code

33762

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

Morani

06-14-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | PRESIDENT AZIZ. A. ALI 2400 FEATHER. Sound D.R. # 1133. CLEARWATER. FL. 33762 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | SECRETARY SHAHNAZ. NOORUDDIN 2400. FEATHER. Sound D.R. # 1133. CLEARWATER. FL. 33762. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | | | |

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

Morani

08-10-00

Date

727-572-7174

Daytime Phone #

CR2E034 (9/99)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90014 033 ***150.00

00079139

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-35-78686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Attachment
DW79139
DW79139

IN RESPONSE TO THE LATE FEE, I DON'T FEEL
I SHOULD BE CHARGED ANY LATE PENALTIES
DUE TO ME RECEIVING THE NOTICE LATE, I REALIZE
THAT BY ME MOVING WAS THE REASON FOR ME
RECEIVING THIS NOTICE LATE, BUT I FEEL THIS IS
NEITHER MY FAULT NOR YOUR'S DEPARTMENT FAULT
BUT MERELY A PROBLEM WITH OUR POSTAL SERVICE
ENCLOSED IS THE \$150.00 ORIGINAL FEE, AND
I WOULD APPRECIATE YOU WAIVING THE PENALTY
DUE TO THE ABOVE STATED OVERSIGHT.

THANK YOU

FIN # 59-35-78686

MORANI - CO. INC.

D.B.A. HI AND BYE FOOD MART

13717 WALSHAM RD

CAREO FL 33774