

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063050

1. Entity Name

JJ FOODMARKET, INC.

FILED

00 JUN 19 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1508 Seagull Dr., #307
Palm Harbor, FL 346851508 Seagull Dr., #307
Palm Harbor, FL 34685

2. Principal Place of Business

1435 Main St.

3. Mailing Address

1435 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dunedin, FLCity & State
Dunedin, FL

4. FEI Number

59358 7258

Applied For

Not Applicable

Zip
34698Country
USAZip
34698Country
USA5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Ho Sun Seryani
1508 Seagull Dr., #307
Palm Harbor, FL 34685

7. Name and Address of New Registered Agent

Name Ho Sun Seryani

Street Address (P.O. Box Number is Not Acceptable)
1435 Main St.City
Dunedin

FL

Zip Code
34698

KE

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

Ho Sun Seryani

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Ho Sun Seryani	
STREET ADDRESS	1508 Seagull Dr., #307	
CITY-ST-ZIP	Palm Harbor, FL 34685	

TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Ho Sun Seryani	
STREET ADDRESS	1508 Seagull Dr., #307	
CITY-ST-ZIP	Palm Harbor, FL 34685	

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Ho Sun Seryani	
STREET ADDRESS	1508 Seagull Dr., #307	
CITY-ST-ZIP	Palm Harbor, FL 34685	

TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Ho Sun Seryani	
STREET ADDRESS	1508 Seagull Dr., #307	
CITY-ST-ZIP	Palm Harbor, FL 34685	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ho Sun Seryani

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

002206 (9/99)