

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063605

1. Entity Name

RENA FOOD MART, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90129 026 ***150.00

Principal Place of Business

Mailing Address

4285 US HWY. 60 W.
MULBERRY FL 33860

4285 US HWY. 60 W.
MULBERRY FL 33860

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3586466

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

7. Name and Address of New Registered Agent

BOSMIA, JYOTINDRA
10031 REMINGTON DR.
RIVERVIEW FL 33569

Name

Jyotindra Bosmia

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

4478 Fairway Oaks Dr.

City

Mulberry

FL

Zip Code
33860

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 *x Jyotindra Bosmia - JYOTINDRA BOSMIA - President* 04/12/20000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Jyotindra Bosmia
CITY-ST-ZIP 4478 Fairway Oak Dr. Mulberry, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS Ranjan Bosmia
CITY-ST-ZIP 4478 Fairway Oak Dr., Mulberry, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *x Jyotindra Bosmia - JYOTINDRA BOSMIA* 04/12/00 941-425-4190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)