

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **999000066029**

1. Entity Name

**A & N FOOD INC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 13 AM 11:31

Principal Place of Business

Mailing Address

**915 ST Rd 542**

**DUNDEE Rd**

**DUNDEE FL - 33838**

2. Principal Place of Business

3. Mailing Address

**915 ST Rd 542**

**915 ST Rd 542**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUNDEE Rd**

**DUNDEE Rd**

City & State

City & State

**DUNDEE FL**

**DUNDEE FL**

Zip

Country

Zip

Country

**33838**

**33838**

4. FEI Number

Applied For

**59-3589077**

Not Applicable

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

**BRJESH PATEL**

Name

**915 ST Rd 542**

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

**DUNDEE Rd**

City

**DUNDEE FL - 33838**

**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]*

(NOTE: Registered Agent signature required when reinstating)

**04-26-2001**

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, 2001 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 **PD**  
NAME **ARVIND PATEL**  
STREET ADDRESS **915 ST Rd 542 DUNDEE Rd**  
CITY-ST-ZIP **DUNDEE FL - 33838**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **000004448160-4**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **06/27/01 01075 025 \*\*\*\*\*908.75 \*\*\*\*\*908.75**

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP **8/6/21**

TITLE  
NAME  
STREET ADDRESS  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04.26.01**

Date

Daytime Phone #

FOR2E034 (11/00)