

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90002 003 ***150.00

MA72019 AV

DOCUMENT # P99000066345

1. Entity Name

1602 US HWY 27 SOUTH FOOD MART, INC.

Principal Place of Business

**1602 US HWY 27 SOUTH
 HAINES CITY FL 33844**

Mailing Address

**1602 US HWY 27 SOUTH
 HAINES CITY FL 33844**



2. Principal Place of Business

3. Mailing Address

817 18th St SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LARGO FL 33770

City & State

City & State

4. FEI Number

59-3589204

Applied For

Not Applicable

Zip

Country

Zip

Country

PINELAS.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALI, SHAMIM M
 790 EAST BAY DRIVE
 LARGO FL 33770**

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, 2002 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 **P**
 STREET ADDRESS **ALI, SHAMIM M**
 CITY-ST-ZIP **790 EAST BAY DRIVE
 LARGO FL 33770**

TITLE ☐ Change ☒ Addition
 NAME **S. JALAL AHMED**
 STREET ADDRESS **817 18th St SW**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALI, SHAMIM A**
 CITY-ST-ZIP **790 EAST BAY DRIVE
 LARGO FL 33770**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

4-23-02