

2001 UNIFORM BUSINESS REPORT (UBR)

0560577

DOCUMENT # P99000066391

1. Entity Name

3820 CANOE CREEK ROAD FOOD MART, INC.

APPROVED
AND
FILED

01 APR -4 AM 8:57

Principal Place of Business

3820 CANOE CREEK ROAD
ST CLOUD FL 34772

Mailing Address

3820 CANOE CREEK ROAD
ST CLOUD FL 34772

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3589211

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

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, 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 P
NAME ALI, SHAMIM M
STREET ADDRESS 790 EAST BAY DRIVE
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

TITLE
NAME 600003963356-9 ☐ Change ☐ Addition
STREET ADDRESS -04/06/01--01103--001
CITY-ST-ZIP ***2100.00 ***150.00

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
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

Shamim
Date

Daytime Phone #

CR2E034 (10/00)