

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069392

1. Entity Name

LISA FOOD, INC.

Principal Place of Business

Mailing Address

11540 WALSINGHAM ROAD
LARGO FL 33774

11540 WALSINGHAM ROAD
LARGO FL 33778-2518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590106

Applied F

Not App

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

ABUL BHUIYAN

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

11540 WALSINGHAM RD.

LARGO

FL 33778

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

ABUL BHUIYAN, President

01-30-00

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

Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BHUIYAN, ABUL B	
STREET ADDRESS	11540 WALSINGHAM ROAD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BHUIYAN, REHANA	
STREET ADDRESS	11540 WALSINGHAM ROAD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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****158.75 ****158.75

ABU/26

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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ABUL BHUIYAN, President 01-30-00 727-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 26 AM 9:36



DO NOT WRITE IN THIS SPACE