

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90253 006 \*\*\*150.00

DOCUMENT # **P99000085138**

1. Entity Name

**JC Grocery, Inc.**

Principal Place of Business

Mailing Address

**1491 S. Rio Grand Ave.  
 Orlando FL 32805**

**2615 Rogan Rd  
 Orlando FL 32812**

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

**39-3600004**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**A0068545**

6. Name and Address of Current Registered Agent

**James P. Chong  
 2615 Rogan Rd.  
 Orlando, FL 32812**

7. Name and Address of New Registered Agent

Name

**Mohammed Hanif**

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

**2231 Settlers Trail**

City

**Orlando**

**FL**

Zip Code

**32807**

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 of individual registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**4/28/01**

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 15, 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

**DP** ☒ Delete  
 NAME **Chong, James P.**  
 STREET ADDRESS **2615 Rogan Rd.**  
 CITY-ST-ZIP **Orlando FL 32812**

**DV** ☒ Delete  
 NAME **Chong, Jean S.**  
 STREET ADDRESS **2615 Rogan Rd.**  
 CITY-ST-ZIP **Orlando FL 32812**

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**DPS** ☒ Change ☐ Addition  
 NAME **Hanif, Mohammed**  
 STREET ADDRESS **2231 Settlers Trail**  
 CITY-ST-ZIP **Orlando, FL 32807**

**DVT** ☒ Change ☐ Addition  
 NAME **Ahmed, Ashfaq**  
 STREET ADDRESS **5550 PGA Blvd #5115**  
 CITY-ST-ZIP **Orlando, FL 32839**

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

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mohammed Hanif 407-872-3894**  
 Date **4/28/01**

CR2E034 (11/00)