

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089203

1. Entity Name

UNITED FOOD MART, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90257 012 \*\*\*150.00

Principal Place of Business

927 NW 130TH TERR  
SUNRISE FL 33325

Mailing Address

927 NW 130TH TERR  
SUNRISE FL 33325

2. Principal Place of Business

3101. N SR 7

Suite, Apt. #, etc.

3. Mailing Address

3101. N SR 7

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES, FL

4. FEI Number

65-0955820

Applied For

Not Applicable

Zip

33313

Country

BROWARD

Zip

33313

Country

BROWARD

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAHMAN, MOHAMMED M  
927 NW 130TH TERR  
SUNRISE FL 33325

7. Name and Address of New Registered Agent

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

*M. Rahman*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-15-01

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 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RAHMAN, MOHAMMED M  
CITY-ST-ZIP 927 NW 130TH TERR  
SUNRISE FL 33325

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DELWAR, MOHAMMED S  
CITY-ST-ZIP 2445 SW 18TH TERR #103  
FT LAUDERDALE FL 33315

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ULLAH, KHANDOKER M  
CITY-ST-ZIP 711 SE 15TH ST #5  
FT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KHAN, SAHID U  
CITY-ST-ZIP 900 A CONSTITUTION DR  
HOMESTEAD FL 33034

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*M. Rahman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMED. RAHMAN.

02-15-01 (984) 731-5162

Date

Daytime Phone #

CR2E034 (10/00)

0270423