

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90378 024 ***150.00

DOCUMENT # P99000095846

1. Entity Name
HANK'S FOOD STORE, INC.

Principal Place of Business
POST OFFICE BOX 853
MANGO FL 33550

Mailing Address
POST OFFICE BOX 853
MANGO FL 33550



DO NOT WRITE IN THIS SPACE

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 **59-3608442**

Applied For

Not Applicable

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

SHARIFI, HOSSEIN
1810 TARAH TRACE DRIVE
BRANDON FL 33510

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D SHARIFI, HOSSEIN	1810 TARAH TRACE DRIVE	BRANDON FL 33510	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-7-02** Daytime Phone #: **813-653-2596**

CR2E034 (4/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name
HANK'S FOOD STORE, INC.

Attachment
123127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3320 S. KINGS AV. <small>Suite, Apt. #, etc.</small>	3. Mailing Address PO BOX 853 <small>Suite, Apt. #, etc.</small>
City & State BRANDON, FL. <small>Zip</small> 33571 <small>Country</small> USA	City & State MANGO, FL. 33550 <small>Zip</small> 33550 <small>Country</small> USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3608442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **OAK PAR ACCOUNTING (EINLE-MGR)**
 Street Address (P.O. Box Number is Not Acceptable)
733 W. Lumsden RD, Suite 102-2
 City **Brandon FL** **FL** Zip Code **33511**

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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP P HOSEIN SHARIFI PO BOX 853 MANGO, FL. 33550	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 7-20-02 7/20/02 (813) 653-2596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Unlimited Consultation
Accounting Service at your Office
Computerized Financial Statements

Kasbar, Inc.

Attachment
P99000095846
123127

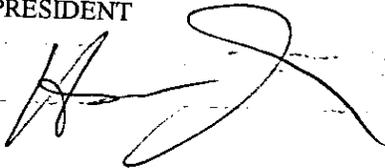
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL. 32314

ANNUAL REPORT: HANK'S FOOD STORE, INC.

WE DID NOT RECEIVE THE ANNUAL REPORT FOR 2002 AT OUR CURRENT
ADDRESS AT THE BEGINNING OF THE YEAR. ENCLOSED IS THE \$150 FOR TIMELY
FILING OF THE ANNUAL REPORT.

THANK YOU.

HOSSEIN SHARIFI, PRESIDENT



1202 Monte Lake Dr.
Valrico, Fl. 33594