

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109316

1. Entity Name

EASTER STAR CORPORATION, INC.

DBA - LUCKY Food Mart

Principal Place of Business

Mailing Address

500 S. EDGEWOOD AVE.
JACKSONVILLE FL 32205

500 S. EDGEWOOD AVE.
JACKSONVILLE FL 32205

2. Principal Place of Business

Easter Starco. DBA. Lucky Food Mart

3. Mailing Address

500 S. edgewood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

4. FEI Number

59-3638683

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

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

MALIH, SALEM A
500 S. EDGEWOOD AVE.
JACKSONVILLE FL 32205

Name

SALEM MALIH

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

500 S. edgewood

City

JAX, FL

FL

Zip Code

32205

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

4-19-00

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete
NAME: D
STREET ADDRESS: MALIH, MOWAFAR
CITY-ST-ZIP: 7400 POWERS AVE., #312 JACKSONVILLE FL 32217

TITLE: ☐ Change ☐ Addition
NAME: P. MALIH, SALEM A
STREET ADDRESS: 10234 elderberry Ct.
CITY-ST-ZIP: JAX FL 32257

TITLE: ☐ Delete
NAME: D
STREET ADDRESS: MALIH, SALEM A
CITY-ST-ZIP: 10234 ELDERBERRY CT. JACKSONVILLE FL 32257

TITLE: ☐ Change ☐ Addition
NAME: V. MALIH, MOWAFAR
STREET ADDRESS: 7400 POWERS AVE., #312
CITY-ST-ZIP: JAX, FL 32217

TITLE: ☐ Delete
NAME: D
STREET ADDRESS: MALIH, EYAD S
CITY-ST-ZIP: 10234 elderberry Ct.
JAX, FL 32257

TITLE: ☐ Change ☐ Addition
NAME: D. MALIH, EYAD S
STREET ADDRESS: 10234 elderberry Ct.
CITY-ST-ZIP: JAX, FL 32257

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

904-389-1818

Daytime Phone #

904-573-1848

CR2E034 (9/99)