

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90349 023 \*\*\*150.00

**DOCUMENT # P99000109316**

**1. Entity Name**  
**EASTER STAR CORPORATION, INC.**

**Principal Place of Business**  
**500 S. EDGEWOOD AVE.**  
**JACKSONVILLE FL 32205**

**Mailing Address**  
**500 S. EDGEWOOD AVE.**  
**JACKSONVILLE FL 32205**

**2. Principal Place of Business**

*Easter Star Co. DBA Lucky Food Mart*

**3. Mailing Address**

*500 S. Edgewood*

**City & State**  
*JAX, FL*

**City & State**

**4. FEI Number** **59-3638683**

**Applied For**  
☐ **Not Applicable**

**Zip** *32205*

**Country** *Duval*

**Zip** *32205*

**Country** *Duval*

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**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** *SALEM MALIH*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*4-12-02*

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** *V* ☐ **Delete**  
**NAME** *MALIH, MOWAFK*  
**STREET ADDRESS** *500 S EDGEWOOD AVE*  
**CITY-ST-ZIP** *JACKSONVILLE FL 32205*

**TITLE** *P* ☐ **Delete**  
**NAME** *MALIH, SALEM A*  
**STREET ADDRESS** *500 S EDGEWOOD AVE*  
**CITY-ST-ZIP** *JACKSONVILLE FL 32205*

**TITLE** *P* ☐ **Delete**  
**NAME** *MILIH, SALEM A*  
**STREET ADDRESS** *10234 ELDERBERRY CT*  
**CITY-ST-ZIP** *JACKSONVILLE FL 32257*

**TITLE** *V* ☐ **Delete**  
**NAME** *MALIH, MOWAFK*  
**STREET ADDRESS** *7400 POWERS AVE #312*  
**CITY-ST-ZIP** *JACKSONVILLE FL 32217*

**TITLE** *D* ☐ **Delete**  
**NAME** *MALIH, EYAD S*  
**STREET ADDRESS** *10234 ELDERBERRY CT*  
**CITY-ST-ZIP** *JACKSONVILLE FL 32257*

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** *P.* ☐ **Change** ☐ **Addition**  
**NAME** *SALEM MALIH*  
**STREET ADDRESS** *10234 Elderberry St. JAX, FL 32257*  
**CITY-ST-ZIP**

**TITLE** *D.* ☐ **Change** ☐ **Addition**  
**NAME** *SALEM MALIH*  
**STREET ADDRESS** *10234 Elderberry St. JAX, FL 32257*  
**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-12-02 904-389-1818*

Date

Daytime Phone #

CR2E034 (9/01)