

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09470

1. Entity Name

NIKI FOOD STORE, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90190 004 ***150.00

Principal Place of Business

Mailing Address

14500 OKEECHOBEE RD
FT. PIERCE FL 34945
US

14500 OKEECHOBEE RD
FT. PIERCE FL 34945-4911
US

900747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0223503

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATEL, ASHOK R.
5214 SUNSHINE PKWY.
FT. PIERCE FL 34951

Name ASHOK R. PATEL
Street Address (P.O. Box Number is Not Acceptable)
5706 PALEO PINE CIRCLE
City FT. PIERCE FL Zip Code 34951

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 Ashok R Patel
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1-8-00

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 DP
NAME PATEL, ASHOK R.
STREET ADDRESS 5706 PALEO PINE CIRCLE
CITY-ST-ZIP FT. PIERCE FL 34951 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Ashok R Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-8-00

Daytime Phone # 561-465-1870

CR2E034 (9/99)