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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90084 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S14632

1. Corporation Name
YOGI FOOD MART, INC.

Principal Place of Business
**4850 CYPRESS GARDENS RD
WINTER HAVEN FL 33884**

Mailing Address
**4850 CYPRESS GARDENS RD
WINTER HAVEN FL 33884**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1990

4. FEI Number

59-3037001

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PATEL, CHANDRAVADAN
4850 CYPRESS GARDENS RD.
WINTER HAVEN FL 32884**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code
33884

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PATEL, CHANDRAVADAN**
STREET ADDRESS **2339 MILES COURT**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ DELETE
NAME **PATEL, VIHANG**
STREET ADDRESS **2339 MILES COURT**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ DELETE
NAME **PATEL, UDATGIRI**
STREET ADDRESS **2648 HIGHLAND VUE PKWY 1648**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ DELETE
NAME **PATEL, PARIMAZ L**
STREET ADDRESS **2648 HIGHLAND VUE PKWY**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **PATEL UDAYGIRI**
3.3 STREET ADDRESS **1648**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **PATEL PARIMAL**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2024-111021

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