

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90009 013 ***150.00

0115304 AT

DOCUMENT # S46926

1. Entity Name

SHARPES DISCOUNT BEVERAGE & FOOD MART, INC.

Principal Place of Business

**7031 MELALEUCA DR
 COCOA FL 32927**

Mailing Address

**7031 MELALEUCA DR
 COCOA FL 32927**

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

59-3061245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, RASHMI S.
 7031 MELALEUCA DR
 COCOA FL 32927**

7. Name and Address of New Registered Agent

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.

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 12, 2001 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

TITLE **D** ☐ Delete
 NAME **PATEL, NITA R**
 STREET ADDRESS **1050 PELICAN LANE**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☐ Delete
 NAME **PATEL, RASHMI S**
 STREET ADDRESS **1050 PELICAN LANE**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-25-01

321-636-

7237

CR2E034 (5/01)

S46926
B0061038

SHARPES DISCOUNT BEVERAGE & FOOD MART, INC.
7001 MELALEUCA DR
MELBOURNE, FL. 32927

July 17, 2001

Secretary of State
Division of Corporation
P.O.Box 6327
Tallahassee Fl 32314

Ref:- Document # S46926
EIN:-59-3061245
Waiver of penalty


Dear Sir/Madam,

With reference to above, I undersigned RASHMI S PATEL, President of SHARPES DISCOUNT BEVERAGE & FOOD MART, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2001 on the following grounds.

I never received the Annual Filing Form for 2001, may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2001 as I did not received the Filing Form for 2001. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

As discussed with one of your representative, about the waiver of penalty, I am enclosing herewith the check of \$150.00 being an annaul filing fee for 2001 as an exceptional case. If you will check my records, I paid filing fees all the times on or before due dates. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information and misunderstanding. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you.

Sincerely,


(RASHMI PATEL)

encl:- as above