

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55508

1. Entity Name

SHOP AND SAVE FOOD MART, INC.

Principal Place of Business

Mailing Address

4428 INVERRARY BLVD  
LAUDERHILL FL 33319

4428 INVERRARY BLVD  
LAUDERHILL FL 33319

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

65-0266614 -

Applied For

Not Applicable

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

KUNJBEHARI, CHAITRAM  
10421 N.W. 18TH DRIVE  
SUNRISE FL 33322

Name

Indira Kunjbehari (Secretary)

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

10421 N.W. 18 DR  
Plantation

City

FL

Zip Code

33322

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 Indira Kunjbehari (Sec.) Indira Kunjbehari 04/01/01  
Signature, typed or printed name of registered agent and type 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 \$150.00  
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KUNJBEHARI, CHAITRAM	
STREET ADDRESS	10421 N.W. 18TH DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	KUNJBEHARI, RYAN	
STREET ADDRESS	10421 N.W. 18 DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.

SIGNATURE: Ch. Indira Kunjbehari President 04/01/01 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6012

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-02-2001 90102 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)