

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90190 004 ***155.00

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DOCUMENT # V57404

1. Entity Name
JAHAN'S FOOD STORES INC.



Principal Place of Business
1111 W. MAIN STREET
AVON PARK FL 33825

Mailing Address
1111 W. MAIN STREET
AVON PARK FL 33825

2. Principal Place of Business
JAHAN'S FOOD STORE **1111 W. MAIN ST.**

3. Mailing Address

Suite, Apt. #, etc.
AVON PARK

City & State
AVON PARK

City & State
AVON PARK

4. FEI Number **APPLIED FOR**

Applied For
☒ Not Applicable

Zip **FL 33825**

Zip **FL 33825**

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

AHMED, ANJUMAN A
4020 RAMIRO STREET
SEBRING FL 33872
8609, SOUTH BAY DRIVE
ORLANDO, FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M. Azam Chowdhury* **M. AZAM CHOWDHURY** **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** ☐ Delete
NAME **AHMED, ANJUMAN A**
STREET ADDRESS **4020 RAMIRO STREET**
CITY-ST-ZIP **SEBRING FL 33872** *address changed*

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

TITLE **P** ☐ Delete
NAME **CHOWDHURY, M. AZAM**
STREET ADDRESS **4020 RAMIRO STREET**
CITY-ST-ZIP **SEBRING FL 33872** *address changed*

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

TITLE **VPS** ☐ Delete
NAME **AHMED ANJUMAN A**
STREET ADDRESS **8609 SOUTH BAY DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **CH P** ☐ Delete
NAME **CHOWDHURY M. AZAM**
STREET ADDRESS **8609 SOUTH BAY DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Azam Chowdhury* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04/07/03 **863-453-7300**
Date Daytime Phone #

CR2E034 (10/02)