

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000000879

Entity Name: MLKS FOOD MART INC**Current Principal Place of Business:**4321 NORTH SHORE DRIVE
WEST PALM BEACH, FL 33407**Current Mailing Address:**4321 NORTH SHORE DRIVE
WEST PALM BEACH, FL 33407**FEI Number:** 84-4208719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHOWDHURY, MD S
2010 LITTLE TORCH ST
WEST PALM BEACH, FL 33407 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	CHOWDHURY, MD S
Address	2010 LITTLE TORCH ST
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	ALAM, ABU TAHER MD J
Address	802 WATERVIEW DR
City-State-Zip:	PALM SPRINGS FL 33461

Title	VP
Name	ALI, MD MONSUR
Address	7156 HAWKS NEST TER
City-State-Zip:	WEST PALM BEACH FL 33407

Title	T
Name	ISLAM, MD REZAUL
Address	9503 LILY BANK CT
City-State-Zip:	WEST PALM BEACH FL 33407

Title	S
Name	ALAM, MOHAMMAD T
Address	5303 CROSSING ROCKS CT
City-State-Zip:	RIVIERA BEACH FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MD S CHOWDHURY

P

04/27/2023

Electronic Signature of Signing Officer/Director Detail_____
Date