

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90073 022 \*\*\*150.00

**DOCUMENT #**

169445

1. Entity Name

AFFILIATED GROCERS, INC.

Principal Place of Business

Mailing Address

7000 NW 32ND AVENUE  
 MIAMI, FLORIDA 33147

647362

2. Principal Place of Business

7000 NW 32ND AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

590943464

Applied For

Not Applicable

Zip

33147

Country

US

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALVIN J. MILLER  
 7000 NW 32ND AVENUE  
 MIAMI, FLORIDA 33147

7. Name and Address of New Registered Agent

Name **BARRY T. SHEVLIN, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1111 KANE CONCOURSE**  
**SUITE #605**  
 City **BAY HARBOR ISLANDS** **FL** Zip Code **33154**

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

*Barry T. Shevlin*

4/25/00

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 \$150.00**  
**After MAY 1, 2000 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	President <input type="checkbox"/> Delete
NAME	Calvin J. Miller
STREET ADDRESS	7000 NW 32ND AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33147
TITLE	Secretary/Treasurer <input type="checkbox"/> Delete
NAME	Allan Sutherland
STREET ADDRESS	7000 NW 32ND AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33147
TITLE	Vice-President/Director <input type="checkbox"/> Delete
NAME	Georgina Perez
STREET ADDRESS	7000 NW 32ND AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33147 <input type="checkbox"/> Delete
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
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, with all other like empowered.

SIGNATURE:

*Allan C. Sutherland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00  
 Date

305 (835-6752)  
 Daytime Phone #

CR2E034 (9/99)