

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90009 029 \*\*\*550.00

**DOCUMENT # 241086**

1. Entity Name  
**BY-RITE FOOD STORES INC**

Principal Place of Business

7000 N.W. 32ND AVENUE  
 P.O. BOX 520695  
 MIAMI FL 33152

Mailing Address

7000 N.W. 32ND AVENUE  
 P.O. BOX 520695  
 MIAMI FL 33152

00086022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0036577**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CALVIN, MILLER J**  
**7000 N.W. 32ND AVENUE**  
**MIAMI FL 33147**

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**P CALVIN, MILLER J**  
 STREET ADDRESS **7000 N.W. 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME  Change  Addition  
**VP GEORGINA F. PEREZ**  
 STREET ADDRESS **7000 NW 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE NAME  Delete  
**S THOMAS, LEWIS C**  
 STREET ADDRESS **7000 N.W. 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME  Change  Addition  
**S ALLAN C. SUTHERLAND**  
 STREET ADDRESS **7000 NW 32ND AVENUE**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE NAME  Delete  
**C RINES, JAMES**  
 STREET ADDRESS **7000 NW 32 AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE NAME  Change  Addition  
**T ALLANCC. SUTHERLAND**  
 STREET ADDRESS **7000 NW 32 AVENUE**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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

9/14/00

Date

305-696-0080

Daytime Phone #

CR2E034 (5/00)