

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 08:00 AM
Secretary of State

DOCUMENT # M00000000422

1. Entity Name
 FINER TIMES MARKET PLACE, LLC

Principal Place of Business 22642 LAUDERDALE DRIVE LUTZ FL 33549	Mailing Address 22642 LAUDERDALE DRIVE LUTZ FL 33549
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2. Principal Place of Business 22642 LAURELDALE DRIVE	3. Mailing Address P.O. BOX 595
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State LUTZ FL	City & State LUTZ FL
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Zip 33549	Country	Zip 33548	Country
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4. FEI Number 65-0942145	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER DONALD J
 22642 LAUDERDALE DRIVE
 LUTZ FL 33549

7. Name and Address of New Registered Agent

Name
 BAKER DONALD J
 Street Address (P.O. Box Number is Not Acceptable)
 22642 LAURELDALE DRIVE
 City
 LUTZ FL Zip Code
 33549

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 _____ DATE **02/22/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASHA ZAFAIR A P.O. BOX 21669 WASHINGTON DC 20009	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER DONALD J P.O. BOX 595 LUTZ FL 33548	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASHA ZAFAIR A P.O. BOX 21629 WASHINGTON DC 20009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donald J. Baker MGR **02/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)