

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90356 004 ***150.00

DOCUMENT # M75772

1. Entity Name
A & A WEST INDIAN GROCERIES, INC.

Principal Place of Business % MOHAMED A. ASSIM 2699 FORSYTH ROAD ORLANDO FL 32807 US	Mailing Address % MOHAMED A. ASSIM 67 N. DUMBY AVE. ORLANDO FL 32803-0270
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2995305	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ASSIM, MOHAMED
67 N. DUMBY AVE.
ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

2699 FORSYTH RD
ORLANDO FL
32807

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]* DATE *4-26-2000*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ASSIM, MOHAMED A. 2951 LAGOON COVE OVIEDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASSIM, BIBI A. 2951 LAGOON COVE OVIEDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KHAN, MOHAMED Z 2918 COLORADO AVE ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLI, ABDUL 5816 ALLVERS BLVD #107 ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: *4-26-2000* DAYTIME PHONE #: *407-677-5080*

CR2E034 (9/99)