FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am § Secretary of State DOCUMENT # M75772 1. Entity Name A & A WEST INDIAN GROCERIES, INC. 04-30-2002 90052 017 ***150.00 Principal Place of Business Mailing Address 1210 SARAH LAME AUE 1210 SARAH LANE AVE LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2995305 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASSIM, MOHAMED Street Address (P.O. Box Number is Not Acceptable) 1210 SARAH AVENUE LONGWOOD FL 32750 City Zip Code FL 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. MOHAMED ASSIM (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ASSIM, MOHAMED A. NAME ASSIM, MOHAMED A. NAME 2800 ASHTON TERR STREET ADDRESS 2951 LAGOON COVE STREET ADDRESS CITY-ST-ZIP OVIEDO FL OVIEDO FL 32765 CITY-ST-ZIP VPD TITLE ☐ Delete **VPD** TITLE Change ☐ Addition ASSIM, BIBI A NAME ASSIM, BIBI A. NAME 2800 ASHTON TERR STREET ADDRESS 2951 LAGOON COVE STREET ADDRESS CITY-ST-ZIP OVIEDO FL. 32765 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KHAN, MOHAMED Z NAME STREET ADDRESS 2918 COLORADO AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME ALLI, ABDUL NAME STREET ADDRESS 3624 STONEFIELD DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP ☐ Delete TITLE Addition AZID, ALI 361 KENTIA NAME AZID, ALI NAME STREET ADDRESS 136 MONARCH CIRCLE, APT 7 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FERN PARK FL 32730 CASSELBERRY TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.