FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90329 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031838

1. Entity Name

SNAPPY CONVENIENCE STORE, INC.,
a Florida Corporation

DO NOT WRITE IN THIS SPACE

B0053764

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
115 S.E. 10th Street		115 S.E. 10th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Deerfield Beach, FL		City & State: Deerfield Beach	
Zip: FL	Country: US	Zip: FL	Country: US

4. FEI Number 65-1089923 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FAIZ A. HUSEIN

Street Address (P.O. Box Number is Not Acceptable): 115 S.E. 10th Street

City: Deerfield Beach FL Zip Code 33441

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President & Treasurer Abdallah Shatara 115 SE 10th St Deerfield Beach, Fl 33441	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President & Secretary Falah Al-Falah 115 SE 10th Street Deerfield Beach, FL 33441	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Abdallah Shatara, P [signature] 3/7/02 (954)428-4350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #