FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ATX1
Mar 14, 2007 08:00 A
Secretary of State

DOCUMENT # P02000071479

1. Entity Name

OBI Food Mart Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
3032 N Goldenrod Rd.		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Winter Park,, FL	City & State	4. FEI Number: 01-0725827 ☐ Applied For ☐ Not Applicable
Zip: 32792 / Country	Zip / Country	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: ALI, YOUNUS

Street Address (P.O. Box Number is Not Acceptable): 3032 N. GOLDENROD ROAD

City: WINTERPARK **FL** Zip Code: 32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	D	TITLE	
NAME	ALI, YOUNUS	NAME	
STREET ADDRESS	3032 N. GOLDENROD ROAD	STREET ADDRESS	
CITY-ST-ZIP	WINTERPARK FL 32792	CITY-ST-ZIP	
TITLE		TITLE	000001055880
NAME		NAME	03-23-07-30033-011 150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: YOUNUS ALI 3/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #