## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # L71808** May 16, 2000 8:00 am Secretary of State 1. Entity Name 7 DAYS FOOD MARKET, INC. 05-16-2000 90182 009 \*\*\*158.75 Principal Place of Business Mailing Address 2800 N.W. 21ST AVENUE 2800 N.W. 21ST AVENUE FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-2120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0208226 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALAMA I NASSE YOHANNA SALAMA, YOHANNA G Street Address (P.O. Box Number is Not Acceptable) 8601 N.W. 34TH PLACE, #102-A 8601 NW 34 PC # 102 SUNRISE FL 33351 Zip Code 3335 City SUNRISE 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. IVASSER SALAMA Advances Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PST** Change ☐ Addition PST NASSER SALAMA TITLE TITLE Delete SALAMA, YOHANNA G NAME NAME 8601 NW 34 PL. #102A 8601 NW 34TH PLACE, #102A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP SUNRISE FL 33351 Change ☐ Addition TITLE TITLE Delete NASSER SALAMA BEON NW 34 PL #102 SALAMA, NAZLY NAME NAME ---STREET ADDRESS 8601 NW 34TH PLACE, #102A STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS GO OF BERTHAM TO THE STATE 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