2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # 651226** GOOD WAY SUPER-MARKET INC. 02-05-2001 90098 032 ***158.75 Principal Place of Business Mailing Address 10936 N.W. 7TH AVENUE 10936 N.W. 7TH AVENUE ~~u17468 MIAMI FL 33168 MIAMI FL 33168 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1969498 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, JOSE R Street Address (P.O. Box Number is Not Acceptable) 10936 N.W. 7TH AVE. MIAMI FL 33168-9108 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTS ☐ Change ☐ Addition □ Delete TITLE TITLE GARCIA, JOSE R NAME NAME STREET ADDRESS 1342 W. 79TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition_ Delete _ TITLE TITLE . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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 surplemental 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 of truetee showered 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 a gaddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01

Daytime Phone #