2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am **DOCUMENT # 830315 Secretary of State** LONDBAR ASSOCIATED FOOD STORES INC 02-08-2001 90042 038 ***150.00 Principal Place of Business Mailing Address 525 ARTHUR GODFREY RD 525 ARTHUR GODFREY RD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 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 11-2123512 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONDON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1800 N.E. 114TH ST., #1410 NORTH MIAMI FL 33181 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. Change ☐ Addition TITLE Delete TITLE LONDON, RICHARD NAME NAME 1800 NE 114TH ST #1410 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete ENDON, ARNOLD LONDON, ARNOLD NAME NAME 126 CAMERON COURT STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change X Addition TITLE LOUDON, TROY 3133 MARY ST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coconut Grove, 33133 TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ورد و و ☐ Change Addition NAME NAME

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 reports 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 his 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

305-531-7691

Daytime Phone #