

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2002



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 017 ***150.00

DOCUMENT # 857490

1. Corporation Name

SUPER PLUS FOOD WAREHOUSE, INC.

Principal Place of Business

2 PARAGON DRIVE
ATTN: TAX DEPARTMENT
MONTVALE NJ 07645

Mailing Address

2 PARAGON DRIVE
ATTN: TAX DEPARTMENT
MONTVALE NJ 07645



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

1) Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

4. FEI Number

22-2419532

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

FILE NAME PTD ☒ DELETE

STREET ADDRESS Corrado, P.
2 PARAGON DRIVE
MONTVALE NJ

FILE NAME SVD ☐ DELETE

STREET ADDRESS Costantini, William
2 PARAGON DRIVE
MONTVALE NJ

FILE NAME V ☐ DELETE

STREET ADDRESS Courtney, Timothy
2 PARAGON DRIVE
MONTVALE NJ

FILE NAME ☐ DELETE

STREET ADDRESS

FILE NAME ☐ DELETE

STREET ADDRESS

FILE NAME ☐ DELETE

STREET ADDRESS

FILE NAME ☐ DELETE

STREET ADDRESS

FILE NAME ☐ DELETE

STREET ADDRESS

FILE NAME ☐ DELETE

STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addit

1.2 NAME Elizabeth, Culligan

1.3 STREET ADDRESS 2 Paragon Dr., Montvale, NJ

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addit

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Costantini

4-25-02

(201) 573-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #