FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am **DOCUMENT #** H86718 **Secretary of State** 1. Entity Name 03-25-2002 90070 002 ***150.00 FOOD RITE SUPERMARKET, INC. Principal Place of Business Mailing Address 5400 PALM AVENUE 5400 PALM AVENUE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2608155 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAEZ, MANUEL I Street Address (P.O. Box Number is Not Acceptable) 78 W. 50TH ST. HIALEAH FL 33012 Zip Code City statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above, entity submits this SIGNATURE C (NOTE: Registered Agent signature required when reinstating) if applicable. Signature, typed or printed name of registered age: 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE Change Paez, Manuel I NAME NAME 78 W. 50TH ST. STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME PAEZ, LINO L NAME STREET ADDRESS STREET ADDRESS 70 W. 60TH ST. CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Delete TITI E □ Change ☐ Addition NAME PAEZ, REINALDO NAME STREET ADDRESS 7600 W. 14TH AVE. STREET ADDRESS CITY-ST-7IP. CITY- ST- ZIP_ HIALEAH FL 33014--☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 excurate 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 changed, or on an att ke empowered. all other

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGN