2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J15783

1. Entity Name

DIXIE WAY SUPERSTORE, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90272 002 ***150.00

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Principal Place of Business 110 NW 15 ST				Mailing Address 110 NW 15 ST								
BAY 1 & 2			BAY 1									
POMPANO BEACH FL 33060			POMP	POMPANO BEACH FL 33060					RATA CON BODO BIA	RE GERRE ERRE	ALAUS ANNIN SAAL	
US			US	US)) (111)) (111)	3 1011 01011 1001	
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FEI Number 59-266081	2	\longrightarrow	Applied For Not Applicable]
	Zip Country		Zip	ip Country		ntry	5.	5. Certificate of Status Desired See Requir				
	6. Name a	ind Address of Gurrent	Registere	d Agent		====	≈==== 7,=	Name and Address of New	Registered:A	gent===]
						Name						
Basrawala, Ruby				St			ddress (PO F	Box Number is Not Acceptab	اهاد			┨
160 SW 10TH STREET				Street Address			301035 (1.0. 1	sox (vallibor to thot Acceptat	Jie,			
POMPANO	D BEACH FL	33060										1
		•				City			FL	Zip Co	de	
8. The above the obliga	e named entity tions of register	submits this statement for red agent.	or the purpo	ose of changing its	registere	ed office or	registered ag	gent, or both, in the State of f	Florida. I am fa	miliar with	, and accept	
SIGNATURE		printed name of registered agent	and title if appl	icable. (NOT)	F: Registere	d Agent signatu	re required when r	einstating)	DATE			{
. "	Signature, typed or	printed name of registered agent	and title if appl	icable. (NOTI	E: Registere	d Agent signatur	re required when r	einstating)	DATE			
F Afte	Signature, typed or FILE NOW!!! or May 1, 2003	printed name of registered agent FEE IS \$150.00 Fee will be \$550.00 Florida Department of		icable. (NOTI	E: Registere	d Agent signatu	re required when r	einstating) 9. Election Campaign F Trust Fund Contribut	Financing		00 May Be	
F Afte	Signature, typed or FILE NOW!!! or May 1, 2003	FEE IS \$150.00 Fee will be \$550.00	of State		E: Registere	d Agent signatur		9. Election Campaign f	Financing tion.	Adde	d to Fees	-
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

STANDARD TYPEY OF PRINTED NAME OF GRAINING OFFICER OR DIRECTOR

4/21/03 (954)-785-8723