2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2001 8:00 am Secretary of State **DOCUMENT # J52168** 1. Entity Name B & R GROCERY, INC. 02-26-2001 90520 045 ***150.00 Principal Place of Business Mailing Address 1447 7TH ST., WEST 309 ROSEMARY AVENUE WEST PALM BEACH FL 33401-4229 WEST PALM BEACH FL 33401 US 3. Mailing Address 2. Principal Place of Business 3906 HEATH CIRCLE N. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2797342 City & State WEST PAIM BEACH, FL Not Applicable Country \$8.75 Additional ~≕Zip~ - Country 5. Certificate of Status Desired Fee Required 33407 U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mill blanipa Mill BROWN, ALLIE 309 ROSEMARY AVE. WEST PALM BEACH FL 33401 Ph# 561-687-0609 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ■ Delete TITLE HTLL, RESINALD 3906 HEATH CIRCLE N. TITLE BROWN, ALLIE NAME NAME 1447 7TH ST., WEST STREET ADDRESS STREET ADDRESS WEST PAIN BEACH, FL 33407. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL VSD HILL, Willie C. PTD TITLE **Delete** TITLE REID, WILLIE C. NAME 1105 state Street NAME 1447 7TH ST., WEST STREET ADDRESS STREET ADDRESS West Palm Beach , FC 33407 WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

- Brown Allie Brown