

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90009 027 ***150.00

DOCUMENT # J89341

1. Entity Name

UNITED FOOD STORES, INC.



Principal Place of Business

1701 NORTH PEARL ST
JACKSONVILLE FL 32206

Mailing Address

1701 NORTH PEARL ST
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2860490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

JOSEPH, LOUIS JR.
3982 CHESTWOOD AVE.
1701 N. PEARL ST.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME AZAR, VICTOR B.
STREET ADDRESS 3936 VALLEY GARDEN DR.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE S
NAME ALLOUSH, BDIWIE S.
STREET ADDRESS 8521 MATHONIA AVE
CITY-ST-ZIP JACKSONVILLE, FL.F ☐ Delete

TITLE T
NAME JOSEPH, SCHAMOUN
STREET ADDRESS 8338 SAN LANDO AVE
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE P
NAME JOSEPH, LOUIS JR
STREET ADDRESS 3982 CHESTWOOD AVE.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 14763 STARRATT CREEK DRIVE
CITY-ST-ZIP 32226 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3660 SALT MEADOW COURT N.
CITY-ST-ZIP 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 11138 FALLGATE POINT COURT
CITY-ST-ZIP 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 (904) 334-5995
Date Daytime Phone #