

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 019 ***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

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2860490

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
AZAR, VICTOR B.
14763 STARRATT CREEK DR
JACKSONVILLE, FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALLOUSH, BDIWIE S.
3660 SALT MEADOW CT N
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JOSEPH, SCHAMOUN
11138 FALLGATE PT CT
JACKSONVILLE, FL 32256

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

2/13/08 (904) 334-5895