2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # K99791** ECONOMIC MEAT AND GROCERIES, INC. 02-15-2000 90063 049 ***150.00 Principal Place of Business Mailing Address 1553 W BLUE HERON BLVD. 1553 W BLUE HERON BLVD. RIVIERA BEACH FL 33404-4013 HIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address W. Blue heron Bly 1553 W. 1553 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0127109 33.404 Rivieva Not Applicable Bec Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 3408 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AWWAD, ABU K Street Address (P.O. Box Number is Not Acceptable) 1553 W BLUE HERON BLVD. RIVIERA BEACH FL 33404 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. SIGNATURE . (NOTE. Registered Agent signature required when reinstating) registered agent and title if applicable Signature, typed or print 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PVST** Delete THILE TITLE KHALIL, AWWAD NAME STREET ADDRESS 1553 W BLUE HERON BLVD. STREET ADDRESS CITY-ST-78P CITY-ST-ZIP **RIVIERA BEACH FL 33404** ☐ Change Addition Delete TITLE NAME KHALIL, AWWAD NAME STREET ADDRESS 1553 W BLUE HERON BLVD. STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change 🔲 Addition ____Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 a other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition