

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90142 013 ***158.75

DOCUMENT # L18025

1. Entity Name
5 STAR DELI & CATERING, INC.

Principal Place of Business

%NASSER MARGEIH
 7825 CONGRESS ST
 NEW PORT RICHEY FL 34653

Mailing Address

%NASSER MARGEIH
 7825 CONGRESS ST
 NEW PORT RICHEY FL 34653

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2989814**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARGEIH, NASSER
 7825 CONGRESS ST
 NEW PT RICHEY FL 34653

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

T ☐ Delete
 NAME **SALIM ELMARGIE**
 STREET ADDRESS **8160 PAGOSDA DR.**
 CITY-STATE-ZIP **SPRING HILL FL**

S ☐ Delete
 NAME **MARGIEH MOUNDER**
 STREET ADDRESS **8240 FOREST OAKS BLVD**
 CITY-STATE-ZIP **SPRING HILL FL**

P ☐ Delete
 NAME **NASSER MARGIEH**
 STREET ADDRESS **8248 FOREST OAKS BLVD.**
 CITY-STATE-ZIP **SPRINGHILL FL**

☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 NAME **4552 Hooks Lane**
 STREET ADDRESS **Knoxville TN.**
 CITY-STATE-ZIP **37936-3274**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mounder Margieh.

Date

Daytime Phone #

4/3/01 727-845-1855

CR2E034 (10/00)