

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

0590445 AV

05-05-2003 90101 044 ***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.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-2989814**

Applied For
 Not Applicable

Zip Country

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 **Margieih Sana**
Street Address (P.O. Box Number is Not Acceptable) **8240 Forest Oaks Blvd**
City **New Port Richey FL** Zip Code **34653**

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 *Sana Margieih* DATE **4/29/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: SALIM ELMARGIE STREET ADDRESS: 8160 PAGODA DR. CITY-ST-ZIP: SPRING HILL FL 34606	<input type="checkbox"/> Delete	P NAME: Mounder Margieih STREET ADDRESS: 8240 Forest Oaks Blvd CITY-ST-ZIP: Spring Hill FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: MARGIEH MOUNDER STREET ADDRESS: 8240 FOREST OAKS BLVD CITY-ST-ZIP: SPRING HILL FL	<input type="checkbox"/> Delete	V.P. NAME: Sana Margieih STREET ADDRESS: 8240 Forest Oaks Blvd CITY-ST-ZIP: Spring Hill FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME: NASSER MARGEIH STREET ADDRESS: 8248 FOREST OAKS BLVD. CITY-ST-ZIP: SPRINGHILL FL	<input checked="" type="checkbox"/> Delete	T NAME: Salim Elmargin STREET ADDRESS: 8160 Pagoda Dr. CITY-ST-ZIP: Spring Hill FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	S NAME: Nahil Elmargin STREET ADDRESS: 8160 Pagoda Dr. CITY-ST-ZIP: Spring Hill FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mounder Margieih Pres 4/29/03 727-848-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)