

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L73564**1. Entity Name  
**BELLY DELI, INC.****Principal Place of Business**190 S CR 427  
STE. 100  
LONGWOOD  
32750  
US FL**Mailing Address**190 S CR 427  
STE. 100  
LONGWOOD  
32750  
US FL**2. Principal Place of Business**

672 FLORIDA CENTRAL PKWAY

**3. Mailing Address**

672 FLORIDA CENTRAL PKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LONGWOOD FL

**City & State**

LONGWOOD FL

**4. FEI Number****59-3006526**

Applied For

Not Applicable

Zip  
32750Country  
USZip  
32750Country  
US**5. Certificate of Status Desired**☒**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**KHOURY, MAROUN F.  
190 S CR 427  
STE. 100  
LONGWOOD  
32750  
US FL**7. Name and Address of New Registered Agent****Name**

EL-KHOURY MAROUN FVPD

Street Address (P.O. Box Number is Not Acceptable)  
672 FLORIDA CENTRAL PKWAYCity  
LONGWOOD

FL

Zip Code  
32750

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 **MARIOELKHOURY****04/25/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	KHOURY, MAROUN F.	
STREET ADDRESS	670 S. HWY 427	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KHOURY, ANISA F.	
STREET ADDRESS	670 S. HWY 427	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL-KHOURY MAROUN FVPD	
STREET ADDRESS	672 FLORIDA CENTRAL PKWAY	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EL-KHOURY ANDREE FPD	
STREET ADDRESS	672 FLORIDA CENTRAL PKWAY	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:** **Marioelkhoury**

VPD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)