FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # L77855** 1. Entity Name M & K FOOD MART, INC. 01-24-2000 90060 031 ***150.00 Principal Place of Business Mailing Address 2621 SPRINGHILL ROAD P.O BOX 6068 TALLAHASSEE FL 32310 TALLAHASSEE FL 32314-6068 C0009970 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3012537 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NABULSI, MOUSSA HASSAN Street Address (P.O. Box Number is Not Acceptable) 1772 OLD BAINBRIDGE RD TALLAHASSEE FL 32303 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. TITLE □ Delete TITI E NABULSI, MOUSSA HASSAN NAME NAME STREET ADDRESS STREET ADDRESS 1772 OLD BAINBRIDGE RD CITY-ST-7/8 CITY-ST-ZIE TALLAHASSEE FL VD ☐ Delete TITLE NABULSI, KALLED NAME NAME STREET ADDRESS 1772 OLD BAINBRIDGE ROAD STREET ADDRESS

DATE 10. Election Campaign Financing **\$5.00** May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99) Change ☐ Addition ☐ Change ☐ Addition CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

☐ Delete

Daytime Phone #

[] Change

☐ Change

☐ Addition

Addition

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable