

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90231 005 \*\*\*\*50.00

**DOCUMENT # M96000000149**

1. Entity Name

**NEIGHBORHOOD VARIETY STORES, LLC**

Principal Place of Business

Mailing Address

~~712 U.S. HIGHWAY 1, SUITE 410~~  
~~NORTH PALM BEACH FL 33408~~

~~712 U.S. HIGHWAY 1, SUITE 410~~  
~~NORTH PALM BEACH FL 33408~~

9000 Burma Road  
 Suite 105 Palm Bch Gardens FL

966595

2. Principal Place of Business

9000 Burma Rd

3. Mailing Address

9000 Burma Rd

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

Palm Beach Rd FL

City & State

Palm Beach Gardens FL

FI



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0657127

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Daniel Chun

Street Address (P.O. Box Number is Not Acceptable)

9000 Burma Rd Ste 105

City

Palm Beach Gardens

FL

Zip Code

33403

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]*

4/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 MI HOLDINGS, INC.  
 3108 PIEDMONT ROAD, SUITE 105  
 ATLANTA GA 30305

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/02 (561) 622-2253

Date

Daytime Phone #

CR2E083 (9/01)