

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # P00000000758

1. Entity Name

SHOPRITE SUPERMARKET, INC.

Principal Place of Business

9043 CLASSIC CT  
ORLANDO FL 32819

Mailing Address

9043 CLASSIC CT  
ORLANDO FL 32819

2. Principal Place of Business

8550 International Dr.  
Suite, Apt. #, etc.

3. Mailing Address

8550 International Dr.  
Suite, Apt. #, etc.

City & State

Orlando Florida

Zip  
32819

Country  
USA

City & State

Orlando Florida

Zip  
32819

Country  
USA

4. FEI Number

59-3617173

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAALI, AMJAD  
9043 CLASSIC CT  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name Jesse Maali

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

6454 International Dr.

City Orlando

FL 32819

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]*

Jesse Maali

DATE

2/9/00

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, 2000 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		<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		
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jesse Maali	
STREET ADDRESS	6182 Isleworth Dr.	
CITY-ST-ZIP	Windermere, FL - 34786	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amjad Maali	
STREET ADDRESS	9043 Classic Ct.	
CITY-ST-ZIP	Orlando, FL - 32819	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amjad Maali	
STREET ADDRESS	9043 Classic Ct.	
CITY-ST-ZIP	Orlando, FL - 32819	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ahmed Garib	
STREET ADDRESS	9447 Kilgore Rd.	
CITY-ST-ZIP	Orlando, FL - 32836	
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:

*[Signature]*

Amjad Maali

2/9/00

407-351-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V-President

Date

Daytime Phone #

CR2004 (0/00)