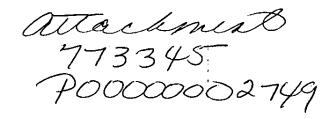
FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 24, 2001 8:00 am DOCUMENT # P00000002749 **Secretary of State** 1. Entity Name YOLANDA SUPERMARKET, INC. 07-24-2001 90023 006 \*\*\*150.00 Principal Place of Business Mailing Address 1390 EAST 4TH AVENUE 1390 EAST 4TH AVENUE 10040 HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. , DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABEDLHOQANI, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 1390 EAST 4TH AVENUE HIALEAH FL 33010 City Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE Change Addition ABDELHQANI, TAWFIK NAME NAME STREET ADDRESS 1390 EAST 4TH AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP TITLE VTD ☐ Delete TITLE ☐ Change ☐ Addition ABDELHQANI, YOLANDA NAME NAME STREET ADDRESS 1390 EAST 4TH AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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



JULY 17, 2001

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION ANNUAL REPORTS SECTION.

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RE: YOLANDA SUPERMARKET P00000002749

TO WHOM IT MAY CONCERN

THE FOLLOWING IS TO INFORM YOU THAT I, YOLANDA ABDELHOQANI WAS UNABLE TO FILE THE 2001 ANNUAL REPORT FOR MY CORPORATION BEFORE THE DUE DATE BECAUSE NEVER RECEIVED AN ANNUAL REPORT TO BEGIN WITH. COINCIDENTIALLY I WAS CHECKING ONLINE AND SAW THAT IT IS NOT FILED. I NEVER RECEIVED PRIOR NOTICE.

I ASK YOU TO PLEASE ACCEPT A CHECK OF \$ 150.00 TO COVER THE INITIAL FILING FEE WITH THE ASSURANCE THAT THIS WILL NOT HAPPEN AGAIN IN THE FUTURE AND ALLOW ME TO FILE MY ANNUAL REPORT ACCORDINGLY.

SINCERELY

YOLANDA ABBELHOQAN: REGISTERED AGENT

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