

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90005 019 \*\*\*150.00

**DOCUMENT # P00000005554**

1. Entity Name

**OAKLAND PARK CONVENIENCE FOOD STORE & MEAT CORP.**

Principal Place of Business

**3591 NORTH ANDREWS AVE  
OAKLAND FL 33309**

Mailing Address

**3591 NORTH ANDREWS AVE  
OAKLAND FL 33309**

2. Principal Place of Business

**3591 NORTH ANDREWS AVE**

Suite, Apt. #, etc.

3. Mailing Address

**3591 N. Andrews Ave**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

City &amp; State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VILDOUIN, FRANCOIS  
 3591 NORTH ANDREWS AVE  
 OAKLAND FL 33309**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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!**  
**After MAY 1, 2001**  
**Make Check Payable to**
**FEI IS \$150.00**  
**Fee will be \$550.00**  
**to Department of State**

 10. Election Campaign Financing  
 Trust Fund Contribution. ☐
**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

 TITLE **Vildouin Francois** ☐ Delete  
 NAME **3591 N. Andrews Ave**  
 STREET ADDRESS **Oakland Park FL 33309**  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 TITLE ☐ Change ☐ 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 the 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 is 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: **francois**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)