2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90115 004 ***150.00

DOCUMENT # P00000008910

1. Entity Name
DALIA FOOD MART INC

Principal Place of Business	Mailing Address
4937 E. BUSINESS HWY. 98 PANAMA CITY FL 32404	4937 E. BUSINESS HWY. 98 PANAMA CITY FL 32404

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3622807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AL-OMARI, AHMAD
4931 E BUSINESS HWY 98
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name Ali Abugalbeen
Street Address (P.O. Box Number is Not Acceptable) 4937 E Business Hwy 98
City Panama City **FL** Zip Code 32404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ ALI ABUQALBEEN, ~~PRES~~ P ST 02/06/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AL-OMARI, AHMAD 4937 E BUSINESS HWY 98 PANAMA CITY FL 32404	☒ Delete	P ST ABUQALBEEN, ALI 4937 E. BUS. HWY 98 PANAMA CITY, FL 32404	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ~~ABUGALBEEN, ALI~~ ~~Abugalbeen, Ali~~ (~~spelling~~) 4937 E BUSINESS HWY 98 PANAMA CITY FL 32404	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ABUQALBEEN, ALI (spelling)	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Abugalbeen, VPT 02/06/2003 (850)8740544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #