

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90794 001 ***750.00

DOCUMENT # P00000031544
1. Entity Name
 ALEX FOOD PLUS, INC. ✓

Principal Place of Business **Mailing Address**
 350 NW 79 ST. 350 NW 79 ST.
 MIAMI, FL. 33150 MIAMI, FL. 33150

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1062020 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
JOSEPH SHOMAR				Name			
17439 NW 66 CT.				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL. 33015				City			
				FL Zip Code			

I. 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 remaining) DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISADA SHALAN		NAME		
STREET ADDRESS	350 NW 79 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33150		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	MAHMOUD ZAYED TAWIL	
STREET ADDRESS			STREET ADDRESS	15 NE 156 ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI BEACH, FL. 33162	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LOIY AZMI ZAID	
STREET ADDRESS			STREET ADDRESS	15701 NW 2 nd AVE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Loiy Zaid 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #