

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90160 012 \*\*\*150.00

DOCUMENT # **PO00000035451**

1. Entity Name

**Super A corporation**

Principal Place of Business

Mailing Address

**749 Westmoreland Dr  
 Orlando, FL 32805**

**749 Westmoreland Dr  
 Orlando, FL 32805**

**554189**

2. Principal Place of Business

3. Mailing Address

**Big Boy Market**

**139 Boy Market**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**749 Westmoreland Dr**

**749 Westmoreland Dr**

City & State

City & State

**Orlando, FL**

**Orlando, FL**

Zip

County

Zip

County

**32805**

**Orange**

**32805**

**Orange**

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

**59-3636477**

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

**Omar DAAS  
 749 Westmoreland Dr  
 Orlando, FL 32805**

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**

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>president</b>	<input type="checkbox"/> Delete
NAME	<b>OMAR DAAS</b>	
STREET ADDRESS	<b>749 Westmoreland Dr</b>	
CITY-ST-ZIP	<b>Orlando, FL 32805</b>	
TITLE	<b>vice president</b>	<input type="checkbox"/> Delete
NAME	<b>ALI NAONKA</b>	
STREET ADDRESS	<b>749 Westmoreland Dr</b>	
CITY-ST-ZIP	<b>Orlando, FL 32805</b>	
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	<b>president</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OMAR DAAS</b>	
STREET ADDRESS	<b>749 Westmoreland Dr</b>	
CITY-ST-ZIP	<b>Orlando, FL 32805</b>	
TITLE	<b>vice president</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALI NAONKA</b>	
STREET ADDRESS	<b>749 Westmoreland Dr</b>	
CITY-ST-ZIP	<b>Orlando, FL 32805</b>	
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		
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 an 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 it is the signature of the corporation or the receiver or trustee empowered to execute this report, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ALI FAWAZ NAONKA**  
 Vice president

**6/6/01 (407) 425-8561**

CR2E034 (11/00)