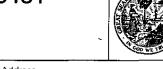
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P00000053461 DOCUMENT #

1. Entity Name FOOD ZONE #619 INC.



FILED Apr 23, 2003 8:00 am § Secretary of State

04-23-2003 90255 009 ***150.00

			,	A STATE OF	'				
Principal Place of Business 1411 N. KROME AVE. HOMESTEAD FL 33030		Mailing Address 1411 N. KROME AVE. HOMESTEAD FL 33030				1 1001100: 114 00111 00111 00111 00111 00111	i i i i i i i i i i i i i i i i i i	1818 81181 7181 1881	
2. Principal Place of Business		3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	FEI Number 65-1129287		Applied For	e
Zip Country		Zip Cou		intry 5.		Certificate of Status Desired	\$8.75 Fee Req	Additional uired	
	6. Name and Address of Curren	Registered Agent			7.	Name and Address of New Registe	red Agent	<u> </u>]-
SHAER, JAMAL 1411 N. KRONE AVE				Name Street Address (P.O. Box Number is Not Acceptable)					
	EAD FL 33030			City			• •	Code	
	e named entity submits this statement for the statement of the statement o		_	ed office or regist		3/	am familiar w	ith, and accept	
FILE NOW! FEE IS \$150.00 After May 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			_		<u> </u>	9. Election Campaign Financing Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.	OFFICERS AND	DIRECTORS	11.		Ā	DITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	٦.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAER, JAMAL 1411 N. KRONE AVE HOMESTEAD FL 33030	☐ Delete					☐ Chan	ge 🗌 Addition	Cantott Lengt
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					☐ Chan	ge 🗀 Addition	2
TITLE	ه ن چانیشن ۱۰۰ میدانیشگیمیند به سیسی	Delete					Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STRE	E ADDRESS -ST-ZIP			☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete					☐ Chan	ge 🔲 Addition	

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:

Date

Daytime Phone #