2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P00000106010 1. Entity Name SULTAN FOOD MARKET, INC. 4-26-2001 90219 045 ***150.00 Principal Piace of Business Mailing Address 16701 N.E. 19TH AVE 16701 N.E. 19TH AVE N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1055838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHATAT, MAHMOUD Street Address (P.O. Box Number is Not Acceptable) 20507 N.E. 9TH PLACE N. MIAMI BEACH FL 33179 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFF CERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE CR2E034 (10/00) ☐ Delete TITLE ☐ Addition Chance SHATAT, MAHMOUD NAME NAME STREET ADDRESS 20507 N.E. 9TH PLACE STREET ADDRESS CITY-ST-7IP NO. MIAMI BEACH FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAMAE NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TiT: F ☐ Addition Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP OTY-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. Forida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address

TITLE

NAME

STREET ADDRESS

CITY-ST-ZP

TATLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

MAHMOUD SHATAT PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition