2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000108301 **DOCUMENT #**

AL-MARWA HALAL MARKET, INC.



Principal Place of Business Mailing Address 4572 NORTH UNIVERSITY DRIVE 4572 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91445 028 ***150.00

City & Stat	0	City & State	··		4. FI	El Number 65-10	55990		plied For t Applicable	
Zip	Country	Zip	Cour	ntry	5. C	ertificate of Status [Desired 🔲	\$8.75 Add	itional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name-FOLIAD WELLEST TO					
FOUAD, MEHREZ I VP					Steed Address (DO Box Minch as in Net Assessable)					
4572 NORTH UNIVERSITY DRIVE					Street Address (P.O. Box Number is Not Acceptable) 4572 N. UNIVEYS 179 DYIVE					
LAUDERHII	LL FL 33351			4						
						1.10		Zip Code	<u> </u>	
				City La	well	rhill		FL 333	5	
8. The above named exity 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 rehistered agent.										
the obligations of registered agent										
SIGNATURE 4-28-03										
Signature, typed or photological of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
	ILE NOW!!! FEE IS \$150.00					9. Election Cam	paion Financino	\$5.0	0 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Ì	Trust Fund Co			to Fees	
10.	OFFICERS AND I		11.		ADL	DITIONS/CHANGES	10 OFFICERS			
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57.	LAUDERHILL FL 33351			Y-ST-ZIP		~`` ~ ` ~	_		σ	
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12. I hereby certify that the information supplied with this filling 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:

E REQUIRED