

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FD0000111698

1. Entity Name

Discount Liquor of Apopka Inc



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 27 AM 8:29

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 E Semoran Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka Fla

City & State

4. FEI Number

593-686337

Applied For

Not Applicable

Zip

32703

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MELISSA DELACRUZ

Street Address (P.O. Box Number is Not Acceptable)

901 E SEMORAN BLVD

City APOPKA

FL

Zip Code

32703

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]

Signature, Date, Title, Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FARAHBAKHSH GLAVIJ
STREET ADDRESS 719 SEMINOLE AVE
CITY-ST-ZIP ORLANDO FLA 32804

TITLE P/D
NAME 800019319738
STREET ADDRESS 05/19/03--01056--005
CITY-ST-ZIP **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

Date

Daytime Phone #

CR2E034B (12/02)