

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2001 8:00 am**  
**Secretary of State**

08-10-2001 90003 023 \*\*\*150.00

| <b>DOCUMENT # P00000113973</b>  |   |   |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
|---|---|---|---|----------------------------|--|---|--|--|--|--|---|--|---|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|--|---------------------------------|--|---|
| 1. Entity Name<br><b>FIVE FORTUNE GROCERY &amp; CARRY-OUT FOOD, INC.</b>  |   |   |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Principal Place of Business<br><b>6930 SILVER STAR RD<br/>ORLANDO FL 32818</b>  |   | Mailing Address<br><b>6930 SILVER STAR RD<br/>ORLANDO FL 32818</b>  |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 2. Principal Place of Business<br><b>1801 E COLONIAL DR</b>   |   | 3. Mailing Address<br><b>1801 E. COLONIAL DR</b>  |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Suite, Apt. #, etc.<br><b>107</b>   |   | Suite, Apt. #, etc.<br><b>107</b>   |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| City & State<br><b>ORLANDO, FL</b>  |   | City & State<br><b>ORLANDO, FL</b>  |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| Zip<br><b>32803</b>   | Country<br><b>USA</b>   | Zip<br><b>32803</b>   | Country<br><b>USA</b>   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ROSENIE, ADRIEN<br/>6930 SILVER STAR RD<br/>ORLANDO FL 32818</b>  |   | 7. Name and Address of New Registered Agent<br>Name <b>ROSENIE, ADRIEN</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1801 E COLONIAL DR</b><br>City <b>ORLANDO, FL</b> Zip Code <b>32803</b> |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 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.<br>SIGNATURE <i>Rosennie Adrien</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>   |   | <b>FILE NOW!!! FEE IS \$550.00</b><br><b>After September 12, 2001 Fee will be \$750.00</b><br><b>Make Check Payable to Department of State</b>  |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
|   |   | 10. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |                            |  |   |  |  |  |  |   |  |   |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |  |                                 |  |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <b>DP<br/>ADRIEN, ROSENIE<br/>6930 SILVER STAR RD<br/>ORLANDO FL 32818</b> <input type="checkbox"/> Delete         </td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <b>DV<br/>BEAUVAIS, ROBERT<br/>6930 SILVER STAR RD<br/>ORLANDO FL 32818</b> <input type="checkbox"/> Delete         </td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete         </td> <td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table> |   |   |   | 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>ADRIEN, ROSENIE<br/>6930 SILVER STAR RD<br/>ORLANDO FL 32818</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>BEAUVAIS, ROBERT<br/>6930 SILVER STAR RD<br/>ORLANDO FL 32818</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** *Rosennie Adrien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Attachment Doc# TW000113973 A008077

07/18/01

Robinson of America Inc.

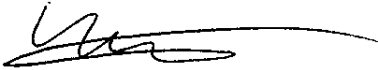
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that FIVE FORTUNE GROCERY & CARRY-OUT FOOD, INC. , has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson  
Robinson Accounting of America Inc.