

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90074 048 \*\*\*150.00

9869590

DOCUMENT # P01000003553

1. Entity Name

VALENCIA FOOD STORES #5121, INC.

Principal Place of Business

14106-10 SW 288TH STREET  
MIAMI FL

Mailing Address

14106-10 SW 288TH STREET  
MIAMI FL

2. Principal Place of Business

14106 SW 288ST

Suite, Apt. #, etc.

3. Mailing Address

14106 SW 288ST

Suite, Apt. #, etc.

City &amp; State

HOMESTEAD, FL

City &amp; State

HOMESTEAD, FL

4. FEI Number

65-1067364

Applied For

Not Applicable

Zip

33033

Country

USA

Zip

33033

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARR, BRUCE E ESQ.  
5121 SW 90TH AVENUE  
SUITE 3  
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name

RANJAN KAPOOR

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

14106 SW 288ST

City

HOMESTEAD

FL

Zip Code

33033

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)

DATE

03/27/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KAPOOR, RANJAN  
CITY-ST-ZIP 5121 SW 90TH AVENUE, #3  
COOPER CITY FL 33328

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PALLIAGATH, MOHAMED H  
CITY-ST-ZIP 5121 SW 90TH AVENUE, #3  
COOPER CITY FL 33328

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)