

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000003553

1. Entity Name

VALENCIA FOOD STORES #5121, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 30 PM 4:39

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14108-10 SW 288 STREET

Suite, Apt. #, etc.

3. Mailing Address
14108-10 SW 288 STREET

Suite, Apt. #, etc.

City & State
HOMESTEAD, FL

City & State
HOMESTEAD, FL

4. FEI Number 65-1067364

Applied For
Not Applicable

Zip
33033

Country
US

Zip
33033

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RANJAN KAPOOR

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

14108 SW 288 STREET

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

SIGNATURE

Signature, typed or printed 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
NAME
STREET ADDRESS
CITY-ST-ZIP
(D) KAPOOR, RANJAN
5121 SW 90TH AVENUE, #3
COOPER CITY, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600023514396
10/02/03--01053--027 **300.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12-02)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

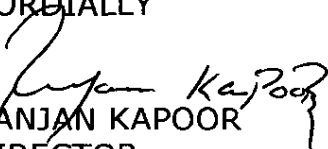
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003
UNIFORM BUSINESS REPORT.

I AM DOING BANK TRANSACTION AND MY INSTITUTION NOTIFIED ME OF
THE STATUS OF MY CORPORATION. PLEASE TAKE THIS LETTER AS AN
EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE
ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


RANJAN KAPOOR
DIRECTOR