

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90143 022 \*\*\*150.00

DAK506P AV

**DOCUMENT # P01000060355**

1. Entity Name

**RUTH GROCERY, INC.**



Principal Place of Business  
2102 N. ARMENIA AVE.  
TAMPA FL 33607

Mailing Address  
2102 N. ARMENIA AVE.  
TAMPA FL 33607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3727272**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPORICE, NELSON**  
**1506 E DR MARTIN L. KING BLVD**  
**TAMPA FL 33610**

Name

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

City

**FL**

Zip Code

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-20-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  Delete  
NAME **GEBRELWA, WOLDEGIORGIS**  
STREET ADDRESS **3324 W. NASSAU STREET**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **MR QUAMINT AWEKE**  Change  Addition  
NAME **3133 W LASS ALE ST**  
STREET ADDRESS **TAMPA FL 33607**  
CITY-ST-ZIP **President**

TITLE **PRES**  Delete  
NAME **MULU, AWEKE**  
STREET ADDRESS **3324 W. NASSAU STREET**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **Vice President**  Change  Addition  
NAME **Yeshito Aweke**  
STREET ADDRESS **3324 NASSAU ST**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-03 813 247 2060**

Date

Daytime Phone #

CR2E034 (10/02)