FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am Secretary of State P01000061024 **DOCUMENT #** 1. Entity Name GHANIE HALAL MEATS & GROCERY, INC. 05-02-2002 90067 037 ***150.00 Principal Place of Business Mailing Address 135 HONEYWOOD DRIVE 135 HONEYWOOD DRIVE KISSIMMEE FL 34743 KISSIMMEE FL 34743 D. 2. Principal Place of Business 3. Mailing Address Illington wa DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-37261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GHANIE, MOHAMED 135 HONEYWOOD DRIVE KISSIMMEE FL 34743 City 8. The above named entity scomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITI F Change ☐ Addition mohamed Ghanie **GHANIE, MOHAMED** NAME 135 HONEYWOOD DRIVE STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34743 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change GHANIE. RASHENA Kashena Ghanie NAME NAME STREET ADDRESS 135 HONEYWOOD DRIVE STREET ADDRESS KISSIMMEE FL 34743 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eppowered.