

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 039 ***150.00

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

DOCUMENT # P01000072591

1. Entity Name
SUPERMARKETS "R" US, INC.



Principal Place of Business
~~3111 CLINT MOORE ROAD~~
~~SUITE 206~~
~~BOCA RATON, FL 33496~~

Mailing Address
~~3111 CLINT MOORE ROAD~~
~~SUITE 206~~
~~BOCA RATON, FL 33496~~

2. Principal Place of Business

14848 Enclave Preserve
Suite, Apt. #, etc.
Suite C-3

3. Mailing Address

14848 Enclave Preserve
Suite, Apt. #, etc.
Suite C-3



☐ CHECK HERE IF MAKING CHANGES

City & State

Delray Bch, FL

City & State

Delray Bch, FL

4. FEI Number

65-1129293

Applied For

☐ Not Applicable

Zip

33484

Country

US

Zip

33484

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORING, ROBERT
~~3111 CLINT MOORE ROAD~~
~~SUITE 206~~
~~BOCA RATON, FL 33496~~

7. Name and Address of New Registered Agent

Name

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

14848 Enclave Preserve Circle
City **Delray Bch** FL Zip Code **33484**

8. The above named entity submits this statement for the purpose of the obligations of registered agent. I am familiar with, and accept

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00

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

TITLE **P** ☐ Delete
NAME **LORING, ROBERT**
STREET ADDRESS ~~3111 CLINT MOORE ROAD STE 206~~
CITY-ST-ZIP ~~BOCA RATON, FL 33496~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14848 Enclave Preserve Cir**
CITY-ST-ZIP **Delray Bch, FL 33484 Suite C-3**

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

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

TITLE ☐ Change ☐ Addition
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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)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2003 561-271-1484

Date

Daytime Phone #

CR2E034 (10/02)