

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90164 032 ***150.00

DOCUMENT # P01000076832

1. Entity Name
GARIB FOOD, INC.

Principal Place of Business

**5349 WATERVISTA DRIVE
ORLANDO FL 32821**

Mailing Address

**5349 WATERVISTA DRIVE
ORLANDO FL 32821**

2. Principal Place of Business

7726 W. HWY 192

3. Mailing Address

9447 KILGORE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

ORLANDO, FL

4. FEI Number

59-3736099

Applied For

☐ Not Applicable

Zip

34747

Country

US

Zip

32836

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required - -

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

**1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **GARIB, AHMAD**

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

9447 KILGORE RD

City **ORLANDO**

FL

Zip Code

32836

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/11/02**

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 **PSTD** ☐ Delete
NAME **GARIB, AHMAD**
STREET ADDRESS **5349 WATERVISTA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **9447 KILGORE RD**
CITY-ST-ZIP **ORLANDO, FL 32836**

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

TITLE ☐ Change ☐ Addition
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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: *Ahmad Garib*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)