

02-03  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000102697  
1. Entity Name  
A-1 FOOD MART OF OCALA, INC.



FILED  
03 MAR 20 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
149 SW MARTIN LUTHER KING BLVD.  
OCALA, FL  
Zip 34474 Country USA

3. Mailing Address  
149 SW MARTIN LUTHER KING BLVD.  
OCALA, FL  
Zip 34474 Country USA

01-28-02 90035 013 150.00  
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3750752

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

7. Name and Address of Current Registered Agent  
Name DANIEL HUSMAN A  
Street Address (P.O. Box Number is Not Acceptable)  
149 SW MARTIN LUTHER KING BLVD  
City OCALA FL Zip Code 34474

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

700014410657  
03/20/03--01048--005 \*\*150.00

Make Check Payable to Registered Agent 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	<u>President</u> <u>SULEIMAN, ALADIN</u> BLVD <u>149 SW MARTIN LUTHER KING</u> <u>OCALA, FL 34474</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>SULEIMAN, ALADIN</u> BLVD <u>149 SW MARTIN LUTHER KING</u> <u>OCALA, FL 34474</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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] OWNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Date

Daytime Phone #

CR2E034B (12/02)

# Downtown Business Services

7345 Sand Lake Road, Suite 4f2 Orlando, FL 32819 Telephone # (407) 352-7006 Fax # (407) 354-0470

20f2

"Second Request"

November 21, 2002

COPY

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

REFERENCE: Reinstatement of A-I Food Mart of Ocala, Inc. FEI Number: 59-3750752

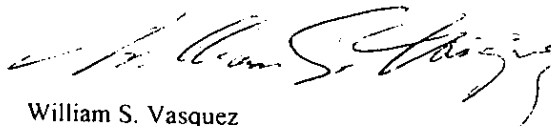
Dear Sir/Madam:

The following is based on the conversation we have with one of your agents in regard to a notice of administrative dissolution or revocation of the above company today. It seems that the federal identification number (59-3750752) was missing from the original UBR 2002.

We are truly sorry for that over-sight but we did not get any letters from your office as to this problem. The check with the actual report was sent to your office on January 16, 2002 on time. Since then, we did not get any notices except the notice of revocation. Please, have our record shown that we have paid the annual fee and waive the reinstatement charges.

If you have any question, please don't hesitate to call.

Very Truly Yours,



William S. Vazquez

A-I Food Mart of Ocala, Inc.

Accountant