

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90110 036 \*\*\*150.00

**DOCUMENT # P01000116320**

**1. Entity Name**  
**VALENCIANA FOOD STORES INC.**



**Principal Place of Business**  
**14700 S.W. 56 STREET**  
**MIAMI FL 33185**

**Mailing Address**  
**7802 KINGSPONTE PARKWAY**  
**SUITE 205**  
**ORLANDO FL 32819**

**2. Principal Place of Business**

**3. Mailing Address**

**7802 Kingspointe Pkwy**  
**Suite, Apt. #, etc.**  
**Suite # 205-B**

**City & State**  
**Orlando, FL**

**Zip**  
**32819**

**Country**  
**USA**

**4. FEI Number**  
**65-1157891**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**ORDINOLA, JORGE A**  
**7802 KINGSPONTE PARKWAY**  
**SUITE 205**  
**ORLANDO FL 32819**

**7. Name and Address of New Registered Agent**

**Name**  
**JAO Services, Inc.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7802 Kingspointe Parkway**  
**Suite # 205-B**  
**City**  
**Orlando** **FL** **Zip Code**  
**32819**

**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**

(NOTE: Registered Agent signature required when reinstating)

**3/13/03**  
**DATE**

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**P** ☐ **Delete**  
**NAME**  
**SHEHADEH, MARWAN**  
**STREET ADDRESS**  
**989 N.W. 155TH TERRACE**  
**CITY-ST-ZIP**  
**PEMBROKE PINES FL 33028**

**TITLE**  
**S** ☐ **Delete**  
**NAME**  
**SHEHADEH, MOHAMED**  
**STREET ADDRESS**  
**13412 S.W. 144 TERRACE**  
**CITY-ST-ZIP**  
**MIAMI FL 33186**

**TITLE**  
**VP** ☐ **Delete**  
**NAME**  
**ABDELLATIF, NIDAL**  
**STREET ADDRESS**  
**568 N.W. 130TH WAY**  
**CITY-ST-ZIP**  
**PEMBROKE PINES FL 33028**

**TITLE**  
**NAME** ☐ **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME** ☐ **Delete**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**SHIHADEN, MARWAN** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**SHIHADEN, MOHAMED** ☒ **Change** ☐ **Addition**  
**NAME**  
**901 SW 189TH AVE**  
**STREET ADDRESS**  
**PEMBROKE PINES, FL 33029**  
**CITY-ST-ZIP**

**TITLE**  
**ABDELLATIF, NIDAL** ☒ **Change** ☐ **Addition**  
**NAME**  
**901 SW 189TH AVE**  
**STREET ADDRESS**  
**PEMBROKE PINES, FL 33029**  
**CITY-ST-ZIP**

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

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

**TITLE**  
**NAME** ☐ **Change** ☐ **Addition**  
**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 an officer or director.**

**SIGNATURE:**

**03-13-03**  
**DATE**

**Daytime Phone #**

CR2E034 (10/02)