

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90176 017 ***150.00

DOCUMENT # P01000116545

1. Entity Name
CHOICE FOOD & DELI INC.



Principal Place of Business
**335 PHILLIPPE PKWY
SAFETY HARBOR FL 34695**

Mailing Address
**335 PHILLIPPE PKWY
SAFETY HARBOR FL 34695**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3760550**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABDELRAHMAN, ASHRAF
335 PHILLIPPE PKWY
SAFETY HARBOR FL 34695**

Name **MIKE DIAZ**
Street Address (P.O. Box Number is Not Acceptable)
7345 SAND LAKE RD. #412
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 *Mike Diaz* **MIKE DIAZ** **3/10/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Delete
NAME **ABDELRAHMAN, ASHRAF**
STREET ADDRESS **335 PHILLIPPE PKWY**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

PD ☐ Change ☒ Addition
NAME **MAZEN ALBATAINEH**
STREET ADDRESS **3021 STATE RD. S90 # 324**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: *Mazen Albataineh* **MAZEN ALBATAINEH** **3/10/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR