FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000081996

1. Entity Name

PRESTIGE FOOD STORES INC



FILED

03 OCT 20 AM 8: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1021 (L) SWANN AVE	. Mailing Address OZI W SWANN	AVE DE	instateme	MT oz
Suite, Apt. #, etc.	Suite, Apt. #, etc.	دها ا	DO NOT WRITE IN TH	IS SPACE.
City & State TAMPA FI	City & State TAMPA A	-L 4.55	Number 3-047-6844	Applied For Not Applicable
Zio 33606 Country Zio 33606			ertificate of Status Desired	\$8.75 Additional
33000		7. Nam	7. Name and Address of Current Registered Agent	
Name RANA AHMED				
DO NOT WR		Street Address (P.O. Box	x Number is Not Acceptable)	
IN THIS SPA	CE .	8700 N 5	OTH ST # 15	23
#. 		CITY TAM PA	} F	L Zio Code 33617
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. Lam familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and fi	ls if applicable. (NOTE: Registered Ag	gent signature required when reins	stating) DAT	E
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of Ste	te		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND DIR	ECTORS			
NAME RANA AHNED	. TITLE - NAME			::
RANA ANGLU	523 STREET A			CR2E034B (12/02)
TITUE	Title			
NAME STREET ADDRESS	NAME STREET A	DDRESS .		Ö
CHY-ST-ZIP	CITY-ST-	-ZIP		
TITLE NAME	_TITLE _ NÂME .			
STREET ADDRESS CITY-ST-ZIP	STREET A CITY-ST-	l'	DO NOT WE	RITE
IRLE -, a	Annies		IN THIS SPA	
NAME STREET ADDRESS	Name Street A	ODRES	IN THIS SPA	1CE
CITY-ST-ZIP	CHY-ST-			
NILE NAME	TOLE ;			
STREET ADDRESS	STREET A			
THE	CITY-ST-	ZIP		
NAME	ŢſŢĹĒ NAME			
STREET ADDRESS CHY-S1-ZIP	"STREET, AI CITY-ST-	- A - A		
12. Thereby certify that the information supplied with this indicated on this report or supplied with this	filing does not qualify for the exemple and accurate and that my signature	tion stated in Section 119	9.07(3)(i), Florida Statutes. I further	certify that the information
indicated on this report or syppemental 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 of instee 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 officer in the 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 officer or director.				
SIGNATURE:				
SIGNATORE ATTHER DE DE PRINT	D NAME OF SIGNING OFFICER OR DIRECTOR		Date	Dayline Prone #
. , , , ,				210/22

October 9, 2003

Florida Department of State Tallahassee, Fl

To whom it may concern:

I did not receive the Uniform Business Report to reinstate my corporation, therefore, I am requesting waiver of the late fee. Please call me if there are any questions.

Thank you,

Rana Ahmed, Prestige Food Stores, Inc.

1021 W, Swann St.

Tampa, FL 33606

(813) 251-4972

cell-(813) 416-7262