2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000092058

1. Entity Name

KP SUPERMARKET OF SOUTH FLORIDA, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90139 005 ***158.75

				7		
Principal Place of Business 1225 W. BROWARD BLVD. FT. LAUDERDALE FL 33312		Mailing Address 1225 W. BROWARD BLVD. FT. LAUDERDALE FL 33312				
2. Principal Place of Business		3. Mailing Address		1 10011601 111 60110 11611 06111 06111 0	ANN ARMA HANA MAN AR	AL BURLUM IN THE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. SEL Number	<i>1</i> ⊢+	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 A	Not Applicable dditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg.	Tee Requi	red
WOWALIE!			Name	and and address of New neg	stereu Agent	
1225 W.	HEV, SABRI BROWARD BLVD.	Street Address (P.O. Box Number is Not Acceptable)		
FI. LAUU	ERDALE FL 33312		City			
8 The above	o named astitute to the state of		City	<u>. </u>	FL Zip Co	de
the obliga	e named entity submits this statement fo tions of registered agent,	or the purpose of changing i	its registered office or regist	ered agent, or both, in the State of Florida	ı. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent					
\ ;		and title if applicable. (NO	OTE: Registered Agent signature require	red when reinstating)	DATE	-
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financ Trust Fund Contribution.		00 May Be
10.	OFFICERS AND	1	1 11.	ADDITIONS/CHANGES TO OFFICER	OC AND DIDEOTO	
TITLE	PD	□ Delete	TITLE	ADDITIONS/CHANGES TO OFFICE	S AND DIRECTOR Change	RS IN 11
name Street address City-St-Zip	KOKALIEHEV, SABRI 1225 W. BROWARD BLVD. FT. LAUDERDALE FL 33312		NAME STREET ADDRESS CITY-ST-ZIP		Change .	
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME Street Address City-St-Zip		•	NAME STREET ADDRESS CITY-ST-ZIP		change	☐ Addition
TITLE NAME	See - Comment of the Comment	☐ Delete	TITLE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	Control of	·	
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition
ITY-ST-ZIP			CITY-ST-ZIP			
ITLE AME IREET ADDRESS		☐ Delete	TITLE NAME		Change	☐ Addition
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TLE AME TREET ADDRESS		☐ Delete	TITLE NAME		Change	Addition
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
2. Therebyice	rtify that the information supplied with the	ata Etta a da a da a]

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: