

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000123208
1. Entity Name
788 Grocery Store Inc.

DO NOT WRITE IN THIS SPACE

24071418

2. Principal Place of Business 11510 SW 147th Avenue		3. Mailing Address 11510 SW 147th Avenue		4. FEI Number 74-5306965		Applied For Not Applicable	
Suite, Apt. #, etc. Unit 7		Suite, Apt. #, etc. Unit 7		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State Miami, FL		City & State Miami, FL		Country USA		Country USA	
Zip 33196	Country USA	Zip 33196	Country USA				

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Mohammad Shafique	
		Street Address (P.O. Box Number is Not Acceptable) 11510 SW 147th Avenue Unit 7	
		City Miami	
		FL	
		Zip Code 33196	

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  **Mohammad Shafique** **4/28/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE President	NAME Mohammad Shafique	STREET ADDRESS 11510 SW 147th Ave. Unit 7	CITY-ST-ZIP Miami, FL 33196
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Mohammad Shafique** **4/28/2004** **305-441-5450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**