2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-03-2003 90846 020 ***150.00

DOCUMENT # P02000126017

1. Entity Name
LARGO FOOD MART INC.

Principal Place of Business
1701 W BAY DR
LARGO FL 33770

Mailing Address
1701 W BAY DR
LARGO FL 33770

2. Principal Place of Business
1701 West BAY DR.
Suite, Apt. #, etc.
City & State: LARGO FL.
Zip: 33770 Country: Pinellas.

3. Mailing Address
1701 West BAY DR
Suite, Apt. #, etc.
City & State: LARGO FLORIDA
Zip: 33770 Country: Pinellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 55-5555-555 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE STE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name: ALI IRAQ
Street Address (P.O. Box Number is Not Acceptable): NONE
City: FL Zip Code:

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: Ali Iraq
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 03-10-03

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

TITLE	DP ☐ Delete
NAME	IRAQ, ALI
STREET ADDRESS	1701 W BAY DR
CITY-ST-ZIP	LARGO FL 33770
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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: Ali Iraq 2-20-03 (727)585-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PD. chk# 1035