

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

09 JUN 17 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO7000125504	
1. Entity Name FAZI FOOD MARKET INC. 1539 NW 3rd. AVE. MIAMI FL. 33136	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1539 NW 3rd. AVENUE Suite, Apt. #, etc. MIAMI FL. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33136	Country DADE	Zip	Country

200156726272
06/03/09--01022--017 **1800.00

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4. FEI Number 080663183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FAZI F. RASH DAN
Street Address (P.O. Box Number is Not Acceptable) 1537 NW 3rd Ave
City MIAMI
FL Zip Code 33136

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 [Signature] 6/13/09
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 \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	Pres. L.D.S.T. FAZI F. RASH DAN 1537 NW 3rd Ave Miami FL 33136
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4-20-09

Date

Daytime Phone #