

FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 91219 004 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                   |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P28573</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |  |         |
| 1. Entity Name<br><b>SUPER FRESH/SAV-A-CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |                                                                                   |         |
| Principal Place of Business<br>2 PARAGON DRIVE<br>ATTN: TAX DEPARTMENT<br>MONTVALE, NJ 07645                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | Mailing Address<br>2 PARAGON DRIVE<br>ATTN: TAX DEPARTMENT<br>MONTVALE, NJ 07645  |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | City & State                                                                      |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country | Zip                                                                               | Country |
| 4. Name and Address of Current Registered Agent<br><b>BLUMBERGEXCEL SIOR CORPORATE SERVICES, INC.<br/>4436 OLD WINTER GARDEN ROAD<br/>ORLANDO, FL 32811</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | 7. Name and Address of New Registered Agent                                       |         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | Name                                                                              |         |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | City                                                                              |         |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | FL                                                                                |         |
| Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | Zip Code                                                                          |         |
| B. 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 _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                                                   |         |
| 9. Election Campaign Financing<br>True Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                                                   |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                                                                                   |         |
| 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 furnished 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 report or is duly 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: <u>William P. Constantini</u> 4-15-03 201-573-9700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                   |         |

11005531



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-2630228** Applied For ☐ Not Applicable ☐

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

FILE NOW! FEE IS \$150.00  
After May 1, 2003 fee will be \$500.00  
Make Check Payable to Florida Department of State

CH2503 (10/02)

Brian Piwek  
2 Paragon Dr. Montvale, NJ 07645