

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90023 024 \*\*\*158.75

00002027



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P93000029561</b>			
1. Entity Name <b>K &amp; A GROCERY AND DELI, INC.</b>			
Principal Place of Business <b>28225 STATE RD WESLEY CHAPEL FL 33543</b>		Mailing Address <b>28225 STATE RD ZEPHYRHILLS FL 33543</b>	
2. Principal Place of Business <b>28225 HWY 54</b> Suite, Apt. #, etc.		3. Mailing Address <b>28225 HWY 54</b> Suite, Apt. #, etc.	
City & State <b>Wesley chapel,</b>		City & State <b>Wesley chapel,</b>	
Zip <b>33543</b>	Country <b>FLORIDA</b>	Zip <b>33543</b>	Country <b>FLORIDA</b>
6. Name and Address of Current Registered Agent <b>ZACUR, RICHARD A 5200 CENTRAL AVENUE ST. PETERSBURG FL 33733</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE <b>PD</b>	NAME <b>KHAN, RIAZ</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>24142 ROYAL FERN DRIVE</b>			
CITY-ST-ZIP <b>LUTZ FL 33549</b>			
TITLE <b>D</b>	NAME <b>AHMED, ASH</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>28225 STATE RD</b>			
CITY-ST-ZIP <b>WESLEY CHAPEL FL 33543</b>			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>Signature and Typed or Printed Name of Signing Officer or Director</small> Date _____ Daytime Phone # _____			

CR2E034 (10/00)