

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90123 044 ***150.00

DOCUMENT # P93000034229

1. Entity Name

S.U.S.A. FOOD MARKET INVESTMENTS, INC.

Principal Place of Business

1403 N. OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address

1403 N. OCEAN DRIVE
HOLLYWOOD FL 33019

00014356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0413886

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JABER, ALI
1403 N. OCEAN DRIVE
HOLLYWOOD FL 33019

Name Khaled Srougi
Street Address (P.O. Box Number is Not Acceptable)
1403 N Ocean Dr
Hollywood
City FL Zip Code 33019

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

Signature, typed or printed name of registered agent and the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME VP
STREET ADDRESS MUMANI, CHERYL
CITY-ST-ZIP 1403 N. OCEAN DRIVE
HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME S
STREET ADDRESS SROUGI, KHALED
CITY-ST-ZIP 1403 N. OCEAN DRIVE
HOLLYWOOD FL 33019

TITLE ☒ Change ☐ Addition
NAME President + Secretary
STREET ADDRESS Khaled Srougi
CITY-ST-ZIP 1403 N Ocean Dr
Hollywood FL 33019

TITLE ☒ Delete
NAME D
STREET ADDRESS RASHID, MAEN
CITY-ST-ZIP 1403 N. OCEAN DRIVE
HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Jack Roth
CITY-ST-ZIP 1403 N Ocean Dr
Hollywood FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Khaled Srougi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01
Date

Daytime Phone #

CR2E034 (10/00)

Attachment
C0014356

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

193000034559

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : S. V. S. A Food Market Investment, INC

2. The mailing address of the corporation : 1403 N Ocean Dr
Hollywood FL 33019

3. Date of incorporation/qualification: _____ Document number: _____

4. The name and address of the current registered agent and office:

Ali Jaber
1965 S Ocean Dr Apt #17C
Hallandale, FL 33009

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Khaled Srougi
1403 N Ocean Dr
Hollywood, FL 33019

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

11/2/00
(Date)

Khaled Srougi Secretary
(Printed or Typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

11/2/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

Attachment
C0014356

#A-P93000034229

OFFICER / DIRECTOR RESIGNATION

I, Maen Rashid, hereby resign as director
(Title)

of S. U. S. A Food Market investment, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Maen Rashid

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Attachment
C0014356

#P93000034209

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

ALI Taber

(Name of registered agent)

hereby resigns as Registered Agent for

S. U. S. A Food Market INC

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

X ALCZ

(Signature of resigning agent)

If signing on behalf of an entity:

Ali J. Taber

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314