

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034695

1. Entity Name
PARK AVENUE DELI, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 26 PM 5:30

Principal Place of Business
TREASURE COAST SQUARE
3298 NW FEDERAL HWY
JENSEN BEACH FL 34951

Mailing Address
810 SW SALERNO RD
3298 NW FEDERAL HWY
STUART FL 34997
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11211 S. MILITARY TR
Suite, Apt. #, etc.
5413
City & State
BOYNTON BEACH FL
Zip
33436
Country
USA

3. Mailing Address
11211 S. MILITARY TR
Suite, Apt. #, etc.
5413
City & State
BOYNTON BEACH FL
Zip
33436
Country
USA

4. FEI Number 65-0410070 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WILLET, PHILIP
810 SW SALERNO RD
STUART FL 34997

7. Name and Address of New Registered Agent
Name AKM MOMIN
Street Address (P.O. Box Number is Not Acceptable)
11211 S. MILITARY TRAIL #5413
City BOYNTON BEACH FL 33436

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: AKM A. D. Momin DATE: 9/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLET, PHILLIP 810 SW SALERNO RD STUART FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AKM MOMIN 11211 S. MILITARY TRAIL #5413 BOYNTON, BEACH, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003459651-9 -11/09/00-01104-012 ***558.75 ***558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: AKM MOMIN **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE: 9-20-00 DAYTIME PHONE #: 561-731-5791