2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am DOCUMENT # P93000042633 **Secretary of State** 1. Entity Name 03-13-2002 90063 016 ***150.00 C AND B FOOD STORE, INC. Mailing Address Principal Place of Business 200 S. TAMIAMI TRAIL 200 S. TAMIAMI TRAIL VENICE FL 34285 VENICE FL 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0417076 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL BHUPENDRA'P Street Address (P.O. Box Number is Not Acceptable) 431 AIRPORT AVE. #205 Zio Code City VENICE F.L 34285 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 gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME PATEL, LALIT STREET ADDRESS STREET ADDRESS 4521 CHIMMEY CREEK DRIVE CITY-ST-ZIP CITY-ST-ZIE SARASOTA FL 34235 Change ☐ Addition TITLE □ Delete TITLE NAME NAME PATEL, BHUPENDRA STREET ADDRESS STREET ADDRESS 431 AIRPORT AVE. #205 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CR2E034 (9/01)