

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90762 002 ***150.00

DOCUMENT # P94000010709

1. Entity Name

EXPRESS FOOD CENTER, INC.



Principal Place of Business

467 N.W. 8TH ST.

MIAMI FL 33126

Mailing Address

467 N.W. 8TH ST.

MIAMI FL 33126

33136

33136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-5302100

Applied For

Not Applicable

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

GAZALEH, FAHMI A

551 NW 135 AVE #205

PEMBROKE PINES FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May-1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GAZALEH, FAHMI A
551 NW 135TH AVE #205
PEMBROKE PINES FL 33028

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Fahmi A. GAZALEH** **ABU-GAZALEH** **03/06/03 (305)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment

80051847

P94600010709

Internal
Revenue
Service**Employer Identification
Number (EIN) Cover Sheet**

Date

030703

No. of pages (including
this one)

Brookhaven Accounts Management Center (BAMC)

FAX: 631-447-8960

PHONE: 866-816-2065

| | |
|-----|-------|
| To | From |
| FAX | Phone |

ATTENTION

Name of Entity

EXPRESS FOOD CENTER INC.

EIN 65-0469945

Name of Entity

EXPRESS FOOD CENTER INC.

EIN

Name of Entity

This coversheet is used as verification for a requested EIN. For any questions regarding the application for Employer Identification Number (SS-4) use the above toll-free number. all other non-related questions, please contact 800-829-1040

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