

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027763

1. Entity Name
152ND FOOD MART, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90024 043 ***150.00

Principal Place of Business 11271 SW 152ND STREET MIAMI FL 33157 US	Mailing Address 11271 S.W. 152 ST. MIAMI FL 33157-1101
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>11271 S.W. 152 St</i>	3. Mailing Address <i>11271 S.W. 152 St</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>mi. Fl.</i>	City & State <i>mi. Fl.</i>	4. FEI Number 65-0481227	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <i>33157</i>	Country	Zip <i>33157</i>	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOROSKY, BEVERLEY
10960 SW 165TH TERRACE
MIAMI FL 33157

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.

SIGNATURE *Beverley Morosky* (NOTE: Registered Agent signature required when reinstating) DATE *4-03-2000*
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOROSKY, BEVERLY 10960 SW 165 TER MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOROSKY, TERRY 10960 SW 165 TER MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Beverley Morosky* *Beverley Morosky* *4-3-2000* *305 251-6350*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)