

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079616

1. Entity Name
BIG CHAMP FOOD STORE, INC.

Principal Place of Business

2409 NW 15TH CT
FIRST FLOOR
FT LAUDERDALE FL 33311
US

Mailing Address

2409 NW 15TH CT
FIRST FLOOR
FT LAUDERDALE FL 33311
US

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

65-0549604

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

SCHECHTER, JEROME R
315 S.E. 7TH STREET
FIRST FLOOR
FT. LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title 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 \$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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JALLOUK, BASSEM
STREET ADDRESS 4050 NW 12 TR. APT 19
CITY-ST-ZIP OAKLAND PARK FL 33334

☐ Delete

TITLE P
NAME JALLOUK BASEM
STREET ADDRESS 5212 NE 6AVE #4C
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☒ Change ☐ Addition

TITLE VP
NAME JALLOUK, SOUZAN
STREET ADDRESS 4050 NW 12 TR. APT. 19
CITY-ST-ZIP OAKLAND PARK FL 33334

☐ Delete

TITLE VP
NAME JALLOUK SOUZAN
STREET ADDRESS 5212 NE 6AVE #4C
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☒ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Bassem Jaljouk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-2000

Date

954-731 8262

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE