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

Mailing Address

1774 HWY 70 W.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

OKEECHOBEE FL 34972-4062

## P95000033242 DOCUMENT #

1. Entity Name

1774 HWY 70 W.

Principal Place of Business

OKEECHOBEE FL 34972-4062

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

LA FIESTA SUPERMARKET, INC.



FILED Jan 31, 2003 8:00 am **Secretary of State** 

01-31-2003 90146 027 \*\*\*150.00

PODPTOLA

CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0613904	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 ABUEQAB, NASER Street Address (P.O. Box Number is Not Acceptable) 1423 SW 18TH TERRACE **OKEECHOBEE FL 34972** City Zip Code

Country

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.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

Country

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Defete TITLE ☐ Change ☐ Addition OKAB, RASEM NAME NAME STREET ADDRESS 1943 W. SILVER SPRINGS BLVD. STREET ADDRESS OCALA FL 34972-4062 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition ABUEQAB, NASER NAME NAME 1423 SW 18TH TERRACE STREET ADDRESS STREET ADDRESS OKEECHOBEE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #