

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90112 025 ***150.00

DOCUMENT # P95000073553



1. Entity Name
VALENCIA FOOD STORES, INC.

Principal Place of Business
**2996 NW 55TH AVE.
LAUDERHILL FL 33313**

Mailing Address
**7802 KINGSDOPOINT
STE 205
ORLANDO FL 32819
US**



2. Principal Place of Business

3. Mailing Address

7802 Kingspointe Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 205-B

CHECK HERE IF MAKING CHANGES

City & State

City & State
Orlando, FL

4. FEI Number **65-0613552**

Applied For
Not Applicable

Zip

Country

Zip

Country

32819

USA

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

**ORDINOLA, JORGE A
7802 KINGSDOPOINT PARKWAY
SUITE 205
ORLANDO FL 32819**

Name
SAO Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
**7802 Kingspointe Pkwy.
205-B**
City **Orlando** FL Zip Code **32819**

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

(NOTE: Registered Agent signature required when reinstating)

3/25/03

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	P <input type="checkbox"/> Delete
NAME	SHEHADEH, MARWAN
STREET ADDRESS	989 NW 155TH TERR.
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	D <input type="checkbox"/> Delete
NAME	ABDELLATIF, NIDAL
STREET ADDRESS	568 NW 130TH WAY
CITY-ST-ZIP	PEMBROKE PINES FL 33028
TITLE	S <input type="checkbox"/> Delete
NAME	SHEHADEH, MOHAMED
STREET ADDRESS	13412 SW 144 TERRACE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIHADEH, MARWAN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDELLATIF, NIDAL
STREET ADDRESS	901 SW 189 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEHADEH, MOHAMED
STREET ADDRESS	901 SW 189 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 #

CR2E034 (10/02)