## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ad

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** May 15, 2002 8:00 am Secretary of State P95000094144 DOCUMENT # 1. Entity Name ZENA SUPERMARKET, INC. 05-15-2002 90048 012 \*\*\*150.00 Principal Place of Business Mailing Address 6600 NW 18 AVE 6600 NW 18 AVE MIAMI FL 33147 **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0642052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AL-MASARWEH, RASHEED Street Address (P.O. Box Number is Not Acceptable) 6600 NW 18 AVE MIAMI FL 33147 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete TITLE ☐ Change Addition AL-MASARWEH, RASHEED NAME NAME STREET ADDRESS 6600 NW 18 AVE STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied wiff this/filling 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 trye 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #