## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P96000093411 1. Entity Name M. L. KING GROCERY, INC. 01-19-2000 90084 025 \*\*\*150.00 Principal Place of Business Mailing Address 2410 AVENUE D 2410 AVENUE D FT PIERCE FL 34950-2756 00003676 FT PIFRCE FL 34950 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 65-0713658 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABED, HAIFA Street Address (P.O. Box Number is Not Acceptable) 612 N.W. PRADO AVENUE PORT ST. LUCIE FL 34983 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PST ПЛЕ ☐ Delete TITLE Change ABED. HAIFA NAME NAME STREET ADDRESS 612 N.W. PRADO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: \_ 1/10/2000- 561-461-7050 D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.