

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**  
 07-24-2000 90006 033 \*\*\*150.00

**DOCUMENT #. P97000009198**

1. Entity Name  
**BELKS GENERAL STORE, INC.**

Principal Place of Business      Mailing Address  
**300 SWAIN BLVD.**                      **300 SWAIN BLVD.**  
**GREENACRES FL 33463**              **GREENACRES FL 33463**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State

Zip      Country      Zip      Country

4. FEE Number **65-091724**      **APPLIED FOR**      Applied For / Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**AL-URI, ANMAR**  
**300 SWAIN BLVD.**  
**GREENACRES FL 33463**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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.       **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>URI, NIZAR</b>
STREET ADDRESS	<b>300 SWAIN BLVD</b>
CITY-ST-ZIP	<b>GREENARES FL 33463</b>
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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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	

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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/00**      **561-791-0645**  
 Date      Daytime Phone #

CP2E034 (5/00)

P97000009198 (Attachment 5)

107379

**Belks General Store, Inc.  
300 Swain Blvd.  
Greenacres, FL 33463  
561-965-9526**

July 13, 2000

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document #P97000009198

To Whom It May Concern:

We are in receipt of the 2000 Uniform Business Report. This is the first report we have received. We have always filed our report early and ask that you accept our check for \$150.00 to cover the 2000 filing fees. We do not understand why we did not receive the first notice.

Thank your for your consideration in this matter.

Sincerely Yours,



Nizar AL-Uri  
Belks General Store, Inc.  
President