7/21

FILED
Sep 06, 2001 8:00 am
Secretary of State

07-26-2001 90004 009 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020478

1. Entity Name
USA GROCERS GROUP, INC.

Principal Place of Business	Mailing Address
1701 S.W. 12TH AVENUE BOCA RATON FL 33486	1701 S.W. 12TH AVENUE BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 7284 W. PALMETTO PK RD SUITE 101	Suite, Apt. #, etc. 7284 W. PALMETTO PK RD
City & State BOCA RATON FL 33433	City & State SUITE 101 BOCA RATON FL 33433
Zip / Country Palm Beach	Zip / Country Palm Beach

4. FEI Number 65-0733294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAFERI, ALI M
1701 S.W. 12TH AVENUE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name JAFERI, ALI M.
Street Address (P.O. Box Number is Not Acceptable) 7284 W. PALMETTO PK RD
SUITE 101
BOCA RATON FL 33433
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 [signature] 7/17/01. (561) 392-9450.
Signature, typed or printed name of registered agent and title if applicable. (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 12, 2001 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFERI, ALI M 1701 S.W. 12TH AVENUE BOCA RATON FL 33486	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFERI, ALI M. 7284 W. PALMETTO PK RD SUITE 101 BOCA RATON FL 33433	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 ALI-M. JAFERI 7/17/01 (561) 392-9450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E034 (5/01)