

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000021926**

1. Entity Name

RUPA FOOD MART, INC.**FILED**
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90016 034 ***150.00

639417

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2237 NO SEACREST BLVD. DELRAY BEACH FL 33444	Mailing Address 2237 NO SEACREST BLVD. DELRAY BEACH FL 33444-4205
--	---

2. Principal Place of Business RUPA FOOD MART INC	3. Mailing Address 2237 N Seacrest Blvd
Suite, Apt. #, etc. 2237 N Seacrest Blvd	Suite, Apt. #, etc. Delray Beach
City & State Delray Beach	City & State FL
Zip 33444	Country FL

4. FEI Number 65-0742375	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent FAZAL, ABDUL MOHAMMAD 2237 NO SEACREST BLVD. DELRAY BEACH FL 33444	7. Name and Address of New Registered Agent Name MOHAMMAD ABUL FAZAL Street Address (P.O. Box Number is Not Acceptable) 6857 ALDEN RIDGE DRIVE BOYNTON BEACH FL-33437 City FL Zip Code 33437
--	---

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 *Abdul Fazal* DATE 4-13-00
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 Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KHAN, RANA M 281 FORSYTH ST BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, ABUL MD 15933 SW 8TH AVE. STE H204 DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Abdul Fazal* DATE 4-13-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)