FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P97000024804** STAR FOOD STORES INC. I

Mailing Address

LAUDERHILL FL 33313-2715

4120 NW 26 ST

04-18-2000 90842 001 ***300.00

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TITLE D Delete TITLE Change Addition NAME HASSAN, REHANA STREET ADDRESS A120 NW 26 ST STREET ADDRESS	2. Principal P	Place of Business		3. Mailing Address			\neg					
Zip Country Zip Country S. Certificate of Status Desired St. Additional St. A	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & State	e		City & State		4. F	4. FEI Number 65-0770013		├			
Name Street Address (PO. Box Number is Not Acceptable)	Zip		Country	Zip	Zip Country							
Name Stroot Address (P.O. Box Number is Not Acceptable)		6. Name and	d Address of Current R	egistered Agent	1		7. N	Name and Address of New Reg	istered	Agent		
At 120 NW 26 ST LAUDERHILL FL 33313 City FL Zip Code City Fl Zip	KHAN, MOHAMMAD S 4120 NW 26 ST					Name						
B. 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						Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Change			City FL Zip Code									
SIGNATURE Change	8. The above	named entity su	bmits this statement for	the purpose of changing its	s registere	ed office or regist	ered ag	ent, or both, in the State of Floric	ta.			
SIGNATURE Signature, typed or printed name of regeletered agent and table if applicable. (NOTE: Registrated Agent Bignature required when remetatory) Part		,				-	J					
Signature, typed or premided range of expectend against and livel if appricable. Note: Registrated Apprix disputation recorded Apprix disputa	CICNATURE	Reham	- Han	Md Kha								
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Trust Fund Contribution	SIGNATURE .	Signature, typed or pr	inted name of registered agent an	d title if applicable. (NO	TE. Registere	Agent signature requir	red when re	einstating)	DATE			
TITLE NAME NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRETA ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so After MAY 1, 200				000 Fee	will be \$550.00						
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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:

Principal Place of Business

4120 NW 26 ST

LAUDERHILL FL 33313

Makha SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-11,00

954-131-6962

Daytime Phone #

CR2E034 (9/99)