

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000023126**

1. Entity Name

VALENCIA FOOD STORES III, INC.**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90476 023 ***150.00

Principal Place of Business

Mailing Address

11345 STIRLING RD.
COOPER CITY FL 33330
US**2996 NW 55TH AVENUE**
LAUDERHILL FL 33313**00024178**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0881210**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, BRUCE E
5121 SW 90TH AVENUE
SUITE #3
COOPER CITY FL 33328

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PS	<input type="checkbox"/> Delete
NAME	ABDELLATIF, NIDAL	
STREET ADDRESS	568 NW 130TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SHIHADAH, MOHAMED A	
STREET ADDRESS	568 NW 130TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
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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:

NIDAL ABDELLATIF PRESIDENT.

Date

Daytime Phone #

CR2E034 (10/00)