

# P98000027358

Cecile A. Martin, P.A.

18350 N.W. 2nd Avenue  
Fifth Floor  
Miami, FL 33169

FILED  
98 SEP -4 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-09/04/98--01105--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS SEP 16 1998  
RA Chg.

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the under-  
signed corporation organized under the laws of the State of Florida, submits  
the following statement in order to change its registered office or registered agent, or  
both, in the State of Florida.

1. The name of the corporation is: FOOD ZONE #112, INC.

1a. Date of incorporation March 2<sup>nd</sup>, 1998 Document number P98000027358

2. The name and address of the current registered agent and office:

Bruce E. Barr, Esquire

5121 S.W. 90th Avenue, Suite 3, Cooper City, FL 33328

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

Mohammed M. Hossain

5855 Bird Road, Miami, Florida 33155

The street address of its registered agent and the street address of the business office  
of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by  
an officer so authorized by the board.

SIGNATURE

Mohammed M. Hossain

(name and title)

MOHAMMED M. HOSSAIN/PRESIDENT

DATE

9/1/98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED  
IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED  
AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-  
plete PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT  
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Mohammed M. Hossain

(Registered Agent)

MOHAMMED M. HOSSAIN

DATE

9/1/98

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

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