

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071892

1. Entity Name

COLONIAL GROCERS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90009 030 ***150.00

Principal Place of Business

Mailing Address

5109 N. 47TH STREET
TAMPA FL 33610

5109 N. 47TH STREET
TAMPA FL 33610-5307

2. Principal Place of Business

5520 E. GIDDENS AVE

3. Mailing Address

5520 E. GIDDENS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number

59-3528686

Applied For

Not Applicable

Zip

33610

Country

USA

Zip

33610

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUENTES, LAWRENCE E
1407 WEST BUSCH BOULEVARD
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

YASIN SAAD

Street Address (P.O. Box Number is Not Acceptable)

6215 Queensway Dr.

Tampa

City

FL

Zip Code

33617

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, 2000 Fee will be \$550.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS SAAD, YASIN
CITY-ST-ZIP 6215 QUEENSWAY DRIVE
TAMPA FL 33617

TITLE ☒ Delete
NAME D
STREET ADDRESS HUSSEIN, ADEL S
CITY-ST-ZIP 5109 N. 47TH STREET
TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)