2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am secretary of State DOCUMENT # P98000079345 1. Entity Name 05-24-2002 91264 037 ***150 00 FIESTA GROCERY AND DELI, INC. Principal Place of Business Mailing Address 3556 LANTANA RD 3556 LANTANA RD LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0860783 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALJILANI, HAMED Street Address (P.O. Box Number is Not Acceptable) 3556 LANTANA RD LANTANA FL 33462 City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. . [Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALJILANI, HAMED NAME STREET ADDRESS 1276 OLUMPIC CIR STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33413 CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME ALJILANI, GLADYS NAME STREET ADDRESS 1276 OLYMPIC CIR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME PEREA, GLADYS NAME STREET ADDRESS 1328 FISHERS PL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME PEREA, BENIGNO NAME STREET ADDRESS 1328 FISHERS PL STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY-ST-ZIP TITLE ☐ Delete TITLE · 🖃 · Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐.Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP