SIGNATURE:

Daytime Phone !

## 2000 UNIFORM BUSINESS REPORT (UBR) ĎOČUMENT # **P98000087498** FILED 1. Entity Name -00 NOV -2 PM 1: 28 MIKE'S GROCERY STORE, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 33 SW 8 STREET 33 SW 8 STREET HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0867917 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SARSOUR, OSAMAH Z Street Address (P.O. Box Number is Not Acceptable) 33 SW 8 STREET HOMESTEAD FL 33030 Zip Code City 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 : gent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW! (FEE IS \$650.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be izarter SERTEMBER) 13, 2000 Min. will be \$750.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Addition ☐ Delete TITLE TITLE SARSOUR, OSAMAH Z NAME STREET ADDRESS 33 SW 8 STREET STREET ADDRESS CITY - ST-7IP CITY-S1-ZIP HOMESTEAD FL 33030 ☐ Delete TITLE TITLE -11/21/00--Ō1085--Ō06 NAME NAME \*\*\*\*550.00 \*\*\*\*550.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition The Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition Change Delete MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-716 CITY-ST-ZIP ☐ Change Acdition Defete TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.