2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \$ 9800102759 Jun 07, 2000 8:00 am 1. Entity Name **Secretary of State** 06-07-2000 90438 013 ***150.00 Principal Place of Business Mailing Address AD AFOOD STORES INC 2494 N. CONGRESS AVE WEST PARM BEACH, FL-334(19) 450 S. OLD DIXIE HWY JUPITER FL 33458-7488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-02×09 Not Applicable Zip Country 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 ANKUR DATEL 4505 OLD DIXIE HINY. Street Address (P.O. Box Number is Not Acceptable) JIIPMER FLORIDA-384KR Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ANKUR PATEL HED S. OLD DIXIE HINY, TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS FL-88458 STREET ADDRESS JUSITER CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition L □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition TITLE. -.Delete_ Change NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appress, with all other like empowered.

SIGNATURE: