

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90150 046 ***150.00

DOCUMENT # P98000108101

1. Entity Name

USA GROCERS CIGARETTE DISTRIBUTORS, INC.

Principal Place of Business

1701 S.W. 12TH AVE.
BOCA RATON FL 33486
US

Mailing Address

7284 W PALMETTO PARK RD
101
BOCA RATON FL 33433
US

2. Principal Place of Business

7284 W. Palmetto Park Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 101 South

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

Zip

Country

6. Name and Address of Current Registered Agent

JAFERI, ALIM
7284 W PALMETO PARK RD
SUITE 101 SOUTH
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ALI JAFERI

4/25/01

DATE

9. This corporation is electing 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, 2001 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 JAFERI, ALI M
STREET ADDRESS 7284 W PALMETO PARK RD
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D Jafari, Ali M.
STREET ADDRESS 7284 W. Palmetto Park Road, Suite 101 South
CITY-ST-ZIP Boca Raton, FL 33433

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 a like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALI JAFERI

Date

4/25/01 (561)392-9450

Daytime Phone #

0304932

CR2E034 (10/00)