2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State
01-18-2001 90019 021 ***158.75

0253498

DOCUMENT # P99000003047

1. Entity Name
SAMER FOOD MARKET, INC.

Principal Place of Business	Mailing Address
2800 NORTHWEST 21ST AVENUE OAKLAND PARK FL 33311	2800 NORTHWEST 21ST AVENUE OAKLAND PARK FL 33311

A0006280

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2800 N.W. 21 Ave		2800 NW 21 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Oakland Park Fl.		City & State: Oaklandpark Fl.	
Zip: 33311	Country: F	Zip: 33311	Country: Broward

4. FEI Number 65-0887289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABU-FAYAD, LINDA
2800 NW 21 AVE
FORT LAUDERDALE FL 33301

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] 1/3/01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABU-FAYAD, LINA		NAME		
STREET ADDRESS	2800 NORTHWEST 21ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33311		CITY-ST-ZIP		
TITLE	VDT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABU-FAYED, LINDA		NAME		
STREET ADDRESS	2800 NW 21ST AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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] 1/1/01 (954)730-9554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #