

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000008909**

1. Entity Name

AFRICAN CONTINENTAL FOOD MARKET, INC**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90044 019 ***158.75

Principal Place of Business

Mailing Address

7501 NW 22 AVE
MIAMI FL 33147**% NICK N. MANTECON**
8225 NW 19 ST
HIALEAH FL 33015

2. Principal Place of Business

3. Mailing Address

7501 N.W. 22nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0892601

Applied For

Not Applicable

Zip

Country

Zip

Country

33147-6015**33147-6015**

5. Certificate of Status Desired

**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHAMED, ABDALLA
498 NW 165 ST., #D207
MIAMI FL 33169

Name

Ali Hussein PARI

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

7501 N.W. 22ND AVE

City

Miami, FL**FL****33147-6015**

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

Ali Hussein PARI

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **DPST** ☒ Delete
NAME **MOHAMED, ABDALLA**
STREET ADDRESS **498 NW 165 #D207**
CITY-ST-ZIP **MIAMI FL 33169**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DPST** ☒ Change ☐ Addition
NAME **PARI, ALI HUSSEIN**
STREET ADDRESS **7501 N.W. 22nd AVE**
CITY-ST-ZIP **Miami, FL 33147-6015**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE: *Ali Hussein PARI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ali Hussein PARI
President**01/26/00 (305) 674-2236**
Date Daytime Phone #