2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000008909** 1. Entity Name AFRICAN CONTINENTAL FOOD MARKET, INC 04-26-2001 90218 002 ***150.00 Principal Piace of Business Mailino Address 7501 N.W. 22ND AVE. 7501 NW 22 AVE MIAMI FL 33147 **MIAMI FL 33147** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0892601 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ABDELAZIZ, MOHAMED Street Address (P.O. Box Number is Not Acceptable) 2061 N.W. 30 ST., #8 **MIAMI FL 33142** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or botn, in the State of Florida. SIGNATURE Signature, typed or primed hame of registered agent and title if applicable DATE (NOTE: Registered Agent signature regulied 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) PDST TITUE Addition TITLE Delete NAME MOHAMED, ABDELAZIZ NAME 2061 N.W. 30 ST. #8 STREET ADDRESS STREET ADDRESS City-S1-ZIP CITY-ST-ZIP **MIAMI FL 33142** Addition ☐ Delete TITLE ☐ Change TITLE NAM: NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z!P CiTY-ST-ZiP ☐ Change Addition Delete TITLE 1131.5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition. ☐ Delete TITLE ☐ Chance TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- Z:P Delete 71715 ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY ST-ZIP ☐ Delete THILE ☐ Chance Addition TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 offoct 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 dicharged, or on an attachment with an address, with all other like empowered.

SMANATURE:

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NOJIA MED

PRES;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF.CER OR DIRECTOR

MOMAMED ASSECTIVE

03/14/01

(305) 694-2231

FILED