

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021425

1. Entity Name  
SANTA ROSA FOOD STORE INC

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
02-21-2000 90040 022 \*\*\*150.00

Principal Place of Business Mailing Address  
B NW 54 ST 485 B NW 54 ST  
FL 33127 MIAMI FL 33127-1921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 062769208 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ABUSABI, ABDEL F  
485 B NW 54 ST  
MIAMI FL 33127

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax (see criteria on front and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABUSABI, ABDEL F		NAME		
STREET ADDRESS	485 B NW 54 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			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 address, with all other like empowered.

SIGNATURE: *Abdel F. Abusabi* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)