2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **P99000091536** 1. Entity Name A&J FOOD STORE, INC. 03-04-2000 90019 033 ***150.00 Mailing Address Principal Place of Business 3060 N.W. GOTH AVENUE 3060 N.W. 60TH AVENUE SUNRISE FL 33313-1203 1100400-0 SUNRISE FL 33313 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAKER, AHMAD A Street Address (P.O. Box Number is Not Acceptable) 1971 N.W. 97TH TERRACE CORAL SPRINGS FL 33071 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE BAKER, AHMAD A NAME NAME 1971 N.W. 97TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 full other like empowered.

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS

TITLE

NAME

☐ Delete

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition