2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000096185

1. Entity Name

AAA FOOD MART, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90047 004 ***150.00

1 1953014042 F-1	Applied For Not Applicable Additional uired
TAMPA FL 33609 TAMPA FL 33609	Applied For Not Applicable Additional uired
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite.Apt. #, etc. City & State Country Country Country 5. Certificate of Status Desired \$8.75 A Fee Requ Name KHOURY, ADEL 4148 W. KENNEDY BOULEVARD TAMPA FL 33609 City Street Address (PO. Box Number is Not Acceptable) City FL Zip Co 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating)	Applied For Not Applicable Additional uired
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGE	Applied For Not Applicable Additional uired
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Solution of Status Desired Fee Required Name Name KHOURY, ADEL 4148 W. KENNEDY BOULEVARD TAMPA FL 33609 City FL Zip Country Street Address (P.O. Box Number is Not Acceptable) City FL Zip Country Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	Applied For Not Applicable Additional uired
City & State 4. FEI Number 59-3604642 5. Certificate of Status Desired	Applied For Not Applicable Additional uired
City & State Country 5. Certificate of Status Desired	Applied For Not Applicable Additional uired
Zip Country Zip Country 59-3604642 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHOURY, ADEL 4148 W. KENNEDY BOULEVARD TAMPA FL 33609 City FL Zip Co 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. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	Not Applicable Additional uired ,
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DATE	
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After may 1, 2003 Fee will be \$550.00	.00 May Be ~
Make Uneck Payable to Florida Department of State	led to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11
NAME KHOLIDY ADEL	
STREET ADDRESS 4148 W. KENNEDY BOULEVARD STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33609	
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12. 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 changed, or on an attachment with an application, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/14/03

(8/3)286-0902 Daylime Phone #