2000		FORM BUGU	JESS BEDO	DT	/IIRR\		-		•	
2002 UNIFORM BUSINESS REPORT (UBR) DOGUMENT # P99000102062							£			
1. Entity Name							02 - TLE	9		
JEANNE'S SUPERMARKET INC.							OZ MAY - 1 PH SECRETARY OF ST TALLAHASSEE, FLOR	,		
Principal Place	5	Mailing Address			ĺ	ALLAMANYOU	^{4:} 01			
2090 N			2090 NW 75th STREET MIAMI FL. 33147			.	MOSFERST	ATE		
MIAMI FL 33147 MIAMI FL.					147		· 20/ _f	DA		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			4 5	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
City & State			City & State			4. 1	65-0973234	1	Applicable	
Zip	Country		Zip	Cour	ntry		Certificate of Status Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent					Name	7. N	ame and Address of New Registered	Agent		
HAFEZ JANDALI 2090 NW. 75 STREET					Street Addre	t Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33147										
					City	FL Zip Code				
8. The above	named/antig	submits his statement for t	he purpose of changing its	s register	ed office or reg	istered age	ent, or both, in the State of Florida.			
	Un	la ton Onlo	•				4/30/02	2		
SIGNATURE	Signalure, rygic	por printed righte of registered agent and	Strile if applicable. (NO	TE: Register	d Agent signature re	quired when re	nstaling) DATE			
9. This covoration is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable					will be \$550.	00	10. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
(See criteri	a on back)	OFFICERS AND D	a by a gather all there is you	27 1 10 10 10	AD	DITIONS/CHANGES TO OFFICERS AND	D DIRECTORS	S IN 11		
11.	DPST		☐ Delete	12. Titl				☐ Change	☐ Addition	
HAFEZ JANDALI			NAME STREE		NE IEET ADDRESS		6000054515162			
STREET ADDRESS 2090 NW 75th st:			reet any		Y-ST-ZIP		-R5/R6/02U3UU5UU5			
TITLE			☐ Delete TITL				****4.50.00 ***\$*56.00 Addition			
NAME				NAI Str	REET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP				- Ladican	
fine	☐ Delete				LE WE			☐ Change	Addition	
STREET ADDRESS				STE	IEET ADDRESS					
EITY-ST-ZIP					Y-ST-ZIP			Change	☐ Addition	
TITLE NAME		☐ Delete 111 NA						_		
STREET ADDRESS					REET ADORESS Y-ST-ZIP					
CITY-ST-ZIP			☐ Delete	TIT				Change	Addition	
NAME					ME .					
STREET ADDRESS CITY-ST-ZIP				•	EET ADDRESS Y-ST-ZIP	•				
TIPLE			☐ Delete	TIT	LE.			☐ Change	Addition	
NAME				NA STR	ME REET ADORESS					
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP					
13. I hereby of	ertify that t	he information supplied with toor or supplemental report is	this filing does not qualify fi true and accurate and that	or the ex my sign	emption stated ature shall have	in Section the same I	119.07(3)(i), Florida Statutes. I further of legal effect as if made under oath; that I da Statutes; and that my name appears	ertity that the in am an officer in Block 11 or	ntormation or director Block 12 if	
of the cor	poration or or on an al	the receiver of trustee emportachment with apraddress, w	vered to execute this repo- ith all other like empowere	rt as requ d.	iired by Chapte	r by/, Florid	legal effect as if made under oath; that I da Statutes; and that my name appears	11 CHUCK 11 O	DIOCK (ZII	
		Att hand	too Va Vi				4/3962 305	696-6	594	
SIGNATURE: PROMAPURE AND OFFICER OR DIFFERENCE OF DIFFERENCE OR DIFFERENCE OF DIFFEREN										
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