2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103332

1. Entity Name

JOE'S FOODLAND SUPERMARKET #1 INC



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90420 044 ***150.00

	OODDAND GOFERIVIARRET ;	#1, INC.			
4701 N.W. 32ND AVENUE 47		Mailing Address 4701 N.W. 32ND AVENU MIAMI FL 33142	E		
				T (ABATAT) THE RELIGION DEATH ABATA EACH PRINT	
2. Principal Place of Business 3.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		CHECK HERE IF MAKING CHANGES	
7				4. FEI Number 65-0963938	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered A	ee Required
IMBASALA, JOSEPH			Name		
	V. 32ND AVENUE	Street Address (P.C		s (P.O. Box Number is Not Acceptable)	-,
MIAMI FL	_ 33142				
÷			City	FL.	Zip Code
8. The abov	re named entity submits this statement for	the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am fa	
trie obliga	ations of registered agent.		•	of the state of th	miliai with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable (NOT	E: Registered Agent signature require		
-	FILE NOW!!! FEE IS \$150.00	(10)	E Hegistered Agent signature requir	red when reinstating) DATE	···
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
TITLE	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	IMBASALA, JOSEPH 4701 N.W. 32ND AVENUE MIAMI FL 33142	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CHTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	ertify that the information cumplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change

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 10 or Block 11 if

SIGNATURE: