

FROM :

FAX NO. : 4073390659

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91598 010 \*\*\*150.00

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

V55382

**1. Entity Name**

Quality People Group Inc D/B/A Stop and Shop

**Principal Place of Business**

499 State Road 434 North

**Mailing Address**

499 State Road 434 North

Altamonte Springs, FL

Altamonte Springs, FL

32714

32714

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3135531

Applied For

Not Applicable

**5. Certificate of Status Desired**

\$8.75

Additional

Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

PATEL, SALIM  
 2924 CORRINE DRIVE  
 ORLANDO FL 32803

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 filing requirement and elects to do so.  
 (See criteria on back)

FILE NOW WITH FEE IS \$150.00

AFTER MAY 1, 2000 Fee will be \$200.00

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	PDS	<input type="checkbox"/> Delete
NAME	PATEL, SALIM	
STREET ADDRESS	2924 CORRINE DRIVE	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATEL, SALIM	
STREET ADDRESS	2924 CORRINE DRIVE	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 807, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE034 (9/99)