FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-28-2002 90773 026 ***158.75

641672

DOCUMENT # 584241

1. Entity Name

LA MIA MARKET, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3001 NW 17 AVE	3001 NW 17 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: Miami, FL
Zip: 33142 Country: U.S.A	Zip: 33142 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1919034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BARRIOS, JOSE

Street Address (P.O. Box Number is Not Acceptable): 3001 NW 17 AVE

City: MIAMI **FL** Zip Code: 33142

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DS	TITLE	
NAME	BARRIOS, Jose Antonio	NAME	
STREET ADDRESS	3001 NW 17 AVE	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33142	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	Perez, Barbara	NAME	
STREET ADDRESS	3001 NW 17 AVE	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33142	CITY-ST-ZIP	
TITLE	DP	TITLE	
NAME	BARRIOS, JOSE Antonio JR.	NAME	
STREET ADDRESS	3001 NW 17 AVE	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Miami, FL 33142	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/9/02 305-635-3382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #