

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004560

1. Entity Name
BIBI SUPERMARKET 2, INC.

FILED

02 SEP 11 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5600 NE 2ND AVENUE		3. Mailing Address 8502 NW 198 TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33140	Country US	Zip 33015	Country US

4. FEI Number 65-0975856	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
--	--

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	TORRES, JOSE
Street Address (P.O. Box Number is Not Acceptable)	8502 NW 198TH TERR.
City	HALEAH FL
Zip Code	33015

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARGAS, OLIVIA 17210 NW 64 AVE #103 MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700007849117-5 -09/19/02--01055--001 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE: Olivia Vargas OLIVIA VARGAS 9/10/02 305--557-2577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #