

2004 UNIFORM BUSINESS REPORT (UBR)

5f.

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90018 030 \*\*\*150.00

DOCUMENT # P0000096639

Entity Name  
**BARGAIN SUPERMARKET CORPORATION**

Principal Place of Business  
 10403 S.W. 186th St.  
 Miami, FL 33157

Mailing Address  
 15030 S.W. 306th St.  
 Homestead FL 33030

Principal Place of Business  
 10403 S.W. 186th St.  
 Suite, Apt. #, etc.  
 Miami  
 City & State  
**Florida**

3. Mailing Address  
 15030 S.W. 306th St.  
 Suite, Apt. #, etc.  
 Homestead  
 City & State  
**Florida**

4. FEJ Number  
**65-1048108**

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHRISTOPHER Lima**  
 15030 S.W. 306th St.  
 Miami FL 33030

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Christopher Lima 4/30/01  
 Signature, typed or printed name of registered agent and title of preparer (NOTE: Registered Agent signature required when resigning)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILED NOVEMBER 15 2001 \$150.00**  
 Make Check payable to the Department of State

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
LE VE REET ADDRESS Y-ST-ZIP	<b>PO</b> <b>GLADYS LIMA</b> 15030 S.W. 306 ST. MIAMI FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP	<b>VTD</b> <b>CHRISTOPHER Lima</b> 15030 SW 306 ST. MIAMI FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE VE REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/30/01 305-256-2932  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR