

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90163 037 \*\*\*550.00

003638 AN

**DOCUMENT # P01000100375**

1. Entity Name  
**GROCERY TRADERS, INC.**

Principal Place of Business % GEORGE CRIMARCO 269 GIRALDA AVE. #203 CORAL GABLES FL 33134	Mailing Address % GEORGE CRIMARCO 269 GIRALDA AVE. #203 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1242 THRUSH AVE</b>	3. Mailing Address <b>1242 THRUSH AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI SPRINGS, FL</b>	City & State <b>MIAMI SPRINGS, FL</b>
Zip <b>33166</b>	Zip <b>33166</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent  
 Name **RAMON SEPULVEDA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1242 THRUSH AVE**  
 City **MIAMI SPRINGS FL** Zip Code **33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ramon Sepulveda* DATE: **8/7/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEPULVEDA, RAMON</b> <b>269 GIRALDA AE. #203</b> <b>CORAL GABLES FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SEPULVEDA, RAMON</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1242 THRUSH AVE</b> <b>MIAMI SPRINGS, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramon Sepulveda* DATE: **8/7/02**  
Signature and typed or printed name of signing officer or director

CR2E034 (4/02)