

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 001000114093

1. Entity Name

PAMEN SUPERMARKET, INC.

FILED

02 APR 19 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

2. Principal Place of Business

2300 Coral Way

3. Mailing Address

2300 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33145

US

33145

US

4. FEI Number

65-1156851

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

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

7. Name and Address of New Registered Agent

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.

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PSD
NAME MENDEZ, PABLO SR.
STREET ADDRESS 844 NW 17TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200005325012--0
-04/23/02--01025--004
*****150.00 *****150.00 ☐ Change ☐ Addition

TITLE TD
NAME MENDEZ, PABLO JR.
STREET ADDRESS 3651 NW 16TH STREET
CITY-ST-ZIP MIAMI, FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Pablo Mendez

3/26/02

Date

Daytime Phone #

CR2E034 (1/1/00)