

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014505

1. Entity Name

R & N SUPERMARKET, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90217 020 ***150.00

Principal Place of Business

Mailing Address

~~24420 SW DIXIE HWY~~
~~PRINCETON FL 33182~~

8905 NW 112TH ST
HIALEAH GARDENS FL 33018-4575
US

2. Principal Place of Business

11300 NW 87 CT

3. Mailing Address

Suite, Apt. #, etc.

163

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS, FL

City & State

4. FEI Number

65-0470513

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILGUEIRAS, ROBERTO

8905 NW 112TH ST

APT 1

HIALEAH GARDENS FL 33016

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.

(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)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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 D ☐ Delete
NAME FILGUEIRAS, ROBERTO
STREET ADDRESS 8905 NW 112TH ST
CITY-ST-ZIP HIALEAH GARDENS FL

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

TITLE D ☐ Delete
NAME FILGUEIRAS, NELLY
STREET ADDRESS 8905 NW 112TH ST
CITY-ST-ZIP HIALEAH GARDENS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO FILGUEIRAS

DIRECTOR

Date

14/29/2000 (305) 8241653

Daytime Phone #

CR2E034 (9/99)