

2000 UNIFORM BUSINESS REPORT (UBR)

5/4/00-90105-039-\$150.00-\$150.00

DOCUMENT # P99000095621

1. Entity Name

ZUBI SUPERMARKET, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 13 AM 9:51

Principal Place of Business
2450 SW 137 AVE SUITE 226
MIAMI FL 33175

Mailing Address
2450 SW 137 AVE SUITE 226
MIAMI FL 33182-1922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

59-24460221

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ZUBIGARAY, JOSE A
2688 SW 137 AVE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: A:P Registered Agent, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2450 SW 137 Ave
Suite 226
City: Miami FL Zip Code: 33175

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

Jose A. Zubigaray

4/25/00

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.

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	<input type="checkbox"/> Delete
NAME	ZUBIGARAY, JOSE A	
STREET ADDRESS	2688 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUBIGARAY, IBIA	
STREET ADDRESS	2688 SW 137 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zubigaray, Jose A.	
STREET ADDRESS	2688 SW 137 Ave	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	VP, S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zubigaray, Ibia	
STREET ADDRESS	2688 SW 137 Ave	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose A. Zubigaray

4/25/00

305-2800292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #