

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91477 045 ***158.75

DOCUMENT # P99000105017

1. Entity Name
MI PUEBLO SUPERMARKET, INC.

Principal Place of Business
**2403 WEST OKEECHOBEE ROAD
 HIALEAH FL 33013**

Mailing Address
~~**PEREZ BEHAR & ASSOC. P.A.
 13935 N.W. 1ST AVENUE
 MIAMI FL 33168**~~



2. Principal Place of Business

3. Mailing Address
2403 W Okeechobee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Hialeah FL

4. FEI Number
65-0963462

Applied For
 Not Applicable

Zip

Country

Zip
33010

Country

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

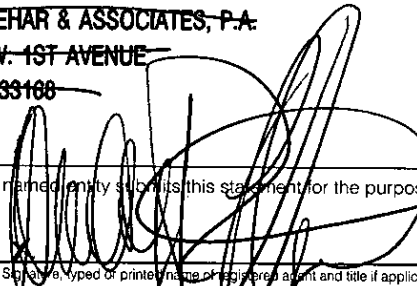
6. Name and Address of Current Registered Agent

~~**PEREZ, BEHAR & ASSOCIATES, P.A.
 -13935 N.W. 1ST AVENUE
 MIAMI FL 33168**~~

7. Name and Address of New Registered Agent

Name
WENDY FLYNN
 Street Address (P.O. Box Number is Not Acceptable)
2403 West Okeechobee Road
 City
Hialeah FL Zip Code
33010

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  **WENDY FLYNN** **4/17/2002**
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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, NILIA 17035 NW 78TH AVENUE MIAMI FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Rodriguez Nilia 17035 NW 78th Ave Miami FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WENDY FLYNN 17035 NW 78th Avenue Miami Florida 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **WENDY FLYNN** **Pin. 1-7-02 305-688-9694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR0202 AV

CR2E034 (9/01)