

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/10/

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90130 032 \*\*\*150.00

**DOCUMENT #** #349331  
 1. Entity Name  
SAN JOSE SUPERMARKET, INC.

Principal Place of Business Mailing Address  
9660 S.W. 106 Ave  
MIAMI - FL 33176

2. Principal Place of Business Suite, Apt. #, etc. SAME AS ABOVE  
 3. Mailing Address Suite, Apt. #, etc. SAME AS ABOVE

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1267673 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
PABLO TOLL  
9660 S.W. 106 Ave  
MIAMI - FL 33176

7. Name and Address of New Registered Agent  
 Name PABLO E. TOLL  
 Street Address (P.O. Box Number is Not Acceptable) 9660 S.W. 106 Ave  
MIAMI - FL 33176  
 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 Pablo E. Toll PABLO E. TOLL DATE 6/10/01

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PABLO TOLL / President</u> <input type="checkbox"/> Delete <u>9660 S.W. 106 Ave</u> <u>MIAMI FL 33176</u>
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	<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: Pablo E. Toll DATE 4/20/01 DAYTIME PHONE # (305) 274-7879

49054



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)