

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** 449008

1. Entity Name

SEDANO'S MARKET No. 2, Inc. ✓

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90108 023 ***150.00

Principal Place of Business

495 West 29 Street
Hialeah, FL 33012

Mailing Address

~~495 West 29 Street~~
~~Hialeah, FL 33012~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9688 S.W. 24 Street

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

Zip

33165

Country

USA

4. FEI Number

59-1516553

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

MARQUEZ, JOSE M.
782 NW LEJEUNE RD, SUITE 548
MIAMI FL

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.

(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!! FEES \$50.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HERRAN, Manuel A.	
STREET ADDRESS	8460 SW 5th Street	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	DPV	<input type="checkbox"/> Delete
NAME	HERNANDEZ, Alberto	
STREET ADDRESS	225 - 72 Street	
CITY-ST-ZIP	Gutemberg, New Jersey	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HERRAN, Ezequiel	
STREET ADDRESS	14020 SW 36 Street	
CITY-ST-ZIP	Miami, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PEREZ, Juan W.	
STREET ADDRESS	8301 NW 167 Terrace	
CITY-ST-ZIP	Miami, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

President

02/08/2001

(305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #