

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90009 004 ***150.00

DOCUMENT # 595107

1. Entity Name
DIXIE DISCOUNT MEAT MARKET, INC.

Principal Place of Business

24725 SOUTH DIXIE HWY
PRINCETON FL 33032

Mailing Address

24725 SOUTH DIXIE HWY
PRINCETON FL 33032

2. Principal Place of Business

24727 S. DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address

24727 S. DIXIE HWY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Princeton, FL

Zip
33032

Country
MIAMI-DADE

City & State
Princeton, FL

Zip
33032

Country
MIAMI-DADE

4. FEI Number **59-1883571**

☒ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

LOPEZ, MIRIAM
1560 E 8 COURT
HIALEAH FL 33010

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!!! 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

TITLE **S** ☐ **Delete**
NAME **AGUIAR, MARGARITO**
STREET ADDRESS **25520 S.W. 124 PL**
CITY-ST-ZIP **MIAMI FL 33032**

TITLE **P** ☐ **Delete**
NAME **LOPEZ, MIRIAM**
STREET ADDRESS **15404 SW 172 TER**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **VPD** ☐ **Delete**
NAME **AGUIAR, ISABEL**
STREET ADDRESS **1921 S.W. 107 AVE, #510**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ **Change** ☐ **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)(f), 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:

Miriam Lopez
Miriam Lopez President

Date

Daytime Phone #

CR2E034 (9/01)