

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 DEC 28 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**

DOCUMENT # 599486

1. Entity Name  
*OPPORTUNITY SUPERMARKET NO.2 INC*

Principal Place of Business Mailing Address  
*491 E. OKEECHOBIE RD. Same*  
*HIALEAH- FLA. 33010*

2. Principal Place of Business 3. Mailing Address  
*491 E. Okeechobie Rd. 54 OLIVER DR*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
*HIALEAH-FLA 33010 HIALEAH FLA*  
Zip Country Zip Country  
*33010 DADE 33010 DADE*

6. Name and Address of Current Registered Agent  
*Jose L. Guillen*  
*250 Catalonia Ave. #400*  
*coral Gables FLA 33134*

4. FEI Number Applied For  
*59-2208724* Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
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]* DATE  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<i>PRESIDENT - TREASURER</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>LEO GARCIA</i>		NAME		
STREET ADDRESS	<i>54 OLIVER DR</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>HIALEAH- FLA 33010</i>		CITY-ST-ZIP		
TITLE	<i>MARTA GARCIA SECRETARY</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MARTA GARCIA</i>		NAME		
STREET ADDRESS	<i>54 OLIVER DR</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>HIALEAH- FLA 33010</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: *[Signature]* 12/26/00 (305) 885-6005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #