

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630816

1. Entity Name

MERVIS GROCERY, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90080 026 \*\*\*150.00

Principal Place of Business

Mailing Address

~~% MENDOZA-CALLAS & SCHILLING~~  
251 ROYAL WAY, P.O. BOX 2715  
PALM BCH FL 33480

~~% MENDOZA-CALLAS & SCHILLING~~  
~~251 ROYAL WAY, P.O. BOX 2715~~  
PALM BCH FL 33480-2715

2. Principal Place of Business

3. Mailing Address

c/o Mendoza and Callas

c/o Mendoza and Callas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

251 Royal Palm Way, Suite 602

P. O. Box 2715

City & State

City & State

Palm Beach, FL

Palm Beach, FL

Zip  
33480

Country  
USA

Zip  
33480

Country  
USA

4. FEI Number

59-1920819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENDOZA, CALLAS & SCHILLING  
251 ROYAL PALM WAY, 6TH FLOOR  
PALM BEACH FL 33480 ---

Name  
Mario G. de Mendoza, III

Street Address (P.O. Box Number is Not Acceptable)

c/o Mendoza and Callas

251 Royal Palm Way, Suite 602

City  
Palm Beach

FL

Zip Code  
33480

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Mario G. de Mendoza, III, Reg. Agent

2/8/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
PD	SIERRA, GILBERTO A	251 ROYAL PALM WAY	PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TDS	SIERRA, MERVIS	251 ROYAL PALM WAY	PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	DE MENDOZA, MARIO G.III	251 ROYAL PALM WAY	PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	WILKINSON, DEBRA	251 ROYAL PALM WAY	PALM BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilberto A. Sierra, Pres.

Date

Daytime Phone #

(561) 683-9981

CR2E034 (9/99)