2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 28 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 651919

1. Entity Name
GREAT FOOD STORES, INC.

Principal Place of Business	Mailing Address
~~2440 CORAL WAY~~	2440 CORAL WAY
~~MIAMI FL 33145~~	MIAMI FL 33145

2. Principal Place of Business	3. Mailing Address
2173 N.W. 62 STREET	2173 N.W. 62 STREET
Suite, Apt #, etc.	Suite, Apt. #, etc
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33147 Country: MIAMI-DADE	Zip: 33147 Country: MIAMI-DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1957875 ☐ 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
~~PINO, RAUL F., ESQ.~~	Name: GASTON R. ALVAREZ, ESQ.
~~2440 CORAL WAY~~	Street Address (P.O. Box Number is Not Acceptable): 2701 LE JEUNE ROAD, SUITE 407
~~MIAMI FL 33145~~	City: CORAL GABLES FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2/5/03
signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00!!
After May 1, 2003 ...
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	~~PS~~	☐ Delete	TITLE	V-P/D	☐ Change ☐ Addition
NAME	LOPEZ, HILARIO		NAME	LOPEZ, HILARIO	
STREET ADDRESS	2173 NW 62 ST		STREET ADDRESS	2173 N.W. 62 ST.	
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	~~V~~ V.P./D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOPEZ, ELIA		NAME		
STREET ADDRESS	2173 NW 62ND STREET		STREET ADDRESS	000015287850	
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP	04/03/03--01043--022 **150.00	
TITLE		☐ Delete	TITLE	P/D	☐ Change ☒ Addition
NAME			NAME	DIAZ, LUZ	
STREET ADDRESS			STREET ADDRESS	2173 N.W. 62 ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		☐ Delete	TITLE	V-P/D	☐ Change ☒ Addition
NAME			NAME	DIAZ, ELIAS	
STREET ADDRESS			STREET ADDRESS	2173 N.W. 62 ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		☐ Delete	TITLE	DIAZ, NELSON	☐ Change ☒ Addition
NAME			NAME	S/D	
STREET ADDRESS			STREET ADDRESS	2173 N.W. 62 ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33147	
TITLE		☐ Delete	TITLE	T/D	☐ Change ☐ Addition
NAME			NAME	DIAZ, JUAN Y.	
STREET ADDRESS			STREET ADDRESS	2173 N.W. 62 ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33147	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] 2/5/03 305-691-0103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JT 7/28