

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90120 019 \*\*\*150.00

**DOCUMENT # F99000005603**

1. Entity Name

**FARM STORES GROCERY, INC.**

Principal Place of Business

**5800 N.W. 74 AVENUE  
MIAMI FL 33166**

Mailing Address

**5800 N.W. 74 AVENUE  
MIAMI FL 33166**

2. Principal Place of Business

**5800 NW 74 AVE**

Suite, Apt. #, etc.

**201**

3. Mailing Address

**P.O. Box 9130**

Suite, Apt. #, etc.

**.**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33166**

Country

**USA**

Zip

**33166-9130**

Country

**USA**

4. FEI Number

**65-0957438**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARED, JOSE P  
5800 NW 74 AVE  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**Juan Diaz**

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

**5800 NW 74th Ave, Suite**

City

**Miami**

**FL**

Zip Code  
**33166**

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

**April 30, 2001**

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, 2001 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 **PD** ☐ Delete  
NAME **BARED, JOSE P**  
STREET ADDRESS **5800 NW 74 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VST** ☐ Delete  
NAME **BARED, CARLOS**  
STREET ADDRESS **5800 NW 74 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ Delete  
NAME **BARED, MAURICE E**  
STREET ADDRESS **5800 NW 74TH AVE**  
CITY-ST-ZIP **MIAMI FL 33166**

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 **PD** ☒ Change ☐ Addition  
NAME **JOSE P. BARED**  
STREET ADDRESS **5800 NW 74 AVE, Suite 201**  
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **VST + CFO, DIRECTOR** ☒ Change ☐ Addition  
NAME **CARLOS E. BARED**  
STREET ADDRESS **5800 NW 74 AVE, Suite 201**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DIRECTOR, V** ☒ Change ☐ Addition  
NAME **MAURICE BARED**  
STREET ADDRESS **5800 NW 74 AVE, Suite 201**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **THOMAS H. SHORTT** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CHIEF OPERATING OFFICER, DIRECTOR** ☐ Change ☒ Addition  
NAME **THOMAS H. SHORTT**  
STREET ADDRESS **5800 NW 74 AVE, Suite 201**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VICE President** ☐ Change ☒ Addition  
NAME **Steve FREEMAN**  
STREET ADDRESS **5800 NW 74th Ave, Suite 201**  
CITY-ST-ZIP **Miami, Florida 33166**

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

**April 30, 2001**

Date

**305/471-5141**

Daytime Phone #

CR2E034 (10/00)