

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90458 016 \*\*\*150.00

**DOCUMENT # F99000005603**

1. Entity Name  
**FARM STORES GROCERY, INC.**



Principal Place of Business  
**5800 N.W. 74 AVENUE  
#201  
MIAMI FL 33166  
US**

Mailing Address  
**PO BOX 9130  
MIAMI FL 33166-9130  
US**

2. Principal Place of Business

3. Mailing Address

**5800 NW 74 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE #201**

City & State

City & State

**MIAMI, FL.**

Zip

Country

Zip

Country

**33166**

**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

**B & C CORPORATE SERVICES, INC.  
201 SOUTH BISCAYNE BLVD  
3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**JUAN DIAZ, Esq.**

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

**5800 NW 74 AVE, Suite 201**

City

**Miami, FL.**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02/06/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO BARED, CARLOS 5800 N.W. 74 AVENUE, SUITE 201 MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BARED, CARLOS 5800 N.W. 74 AVENUE, SUITE 201 MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COSD BARED, MAURICE E 5800 N.W. 74 AVENUE, SUITE 201 MIAMI FL 33166</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FREEMAN, STEVEN 5800 N.W. 74 AVENUE, SUITE 201 MIAMI FL 33166</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PORTUONDO, MANUEL 5800 N.W. 74 AVENUE, SUITE 201 MIAMI FL 33166</b> <input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**2-6-03**

**3054715141 x2315**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)