

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/5/1

FILED

Apr 27, 2000 8:00 am  
Secretary of State

02-05-2000 90038 019 \*\*\*150.00

DOCUMENT # G71050

1. Entity Name

EL GALLITO FRUTERIA, INC.

Principal Place of Business

2261 N.W. 28TH STREET  
% PEDRO MOLINA  
MIAMI FL 33142

Mailing Address

2261 N.W. 28TH STREET  
% PEDRO MOLINA  
MIAMI FL 33142-5987

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2344675

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOLINA, PEDRO  
2261 N.W. 28TH STREET  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name RODRIGUEZ, DANILO

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

2261 NW 28TH ST

City MIAMI

FL 33142 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/00

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

TITLE PD ☐ Delete  
NAME RODRIGUEZ, FELICIDAD C  
STREET ADDRESS 2261 N.W. 28TH STREET  
CITY-ST-ZIP MIAMI FL 33142

TITLE VD ☐ Delete  
NAME RODRIGUEZ, DANILO A  
STREET ADDRESS 2261 N.W. 28TH STREET  
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

400235



DO NOT WRITE IN THIS SPACE