

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90239 039 ***150.00

DOCUMENT # G71050

1. Entity Name

EL GALLITO FRUTERIA, INC.

Principal Place of Business

2261 N.W. 28TH STREET
MIAMI FL 33142

Mailing Address

2261 N.W. 28TH STREET
MIAMI FL 33142

C0020161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2261 NW 28th Street
 Suite, Apt. #, etc.

3. Mailing Address

2261 NW 28th Street
 Suite, Apt. #, etc.

City & State

MIAMI FL 33142

City & State

MIAMI FL

4. FEI Number

59-2344675

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent -

RODRIGUEZ, DANILO
2261 N.W. 28TH STREET
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **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

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 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

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 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 reports 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

Date

Daytime Phone #

02-10-2001 (305) 6352145

CR2E034 (10/00)