

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90948 008 ***150.00

100843

DO NOT WRITE IN THIS SPACE

DOCUMENT # G99133
1. Entity Name
 CHRISSEMY FOOD MARKET CORP.

Principal Place of Business **Mailing Address**
~~18167 BISCAYNE BLVD.~~ ~~18167 BISCAYNE BLVD.~~
~~NORTH MIAMI, FL 33160~~ ~~NORTH MIAMI, FL 33160~~

2. Principal Place of Business **3. Mailing Address**
 17951 BISCAYNE BLVD. 1005 S.W. 87TH AVE.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 NORTH MIAMI, FL. MIAMI, FL.
Zip **Country** **Zip** **Country**
 33160 USA 33174 USA

4. FEI Number **Applied For**
 59-2424455 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ALVAREZ, EFRAIN
 17951 BISCAYNE BLVD.
 NORTH MIAMI, FL. 33160

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, 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	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, EFRAIN	
STREET ADDRESS	2318 S.W. 59TH AVE.	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	ALVAREZ, ORVELIA	
STREET ADDRESS	2318 S.W. 59TH AVE.	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Orvelia Alvarez* **ORVELIA ALVAREZ** **SECRETARY** **4/24/00** **305-933-1902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)