

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90676 001 ***300.00

DOCUMENT # G99790

1. Entity Name

B & R SUPERMARKET, INC.

Principal Place of Business

**5767 S.W. 40TH STREET
MIAMI FL 33155**

Mailing Address

**5801 SW 40 STREET
BLDG. E
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

11 N. Royal Poinciana Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Miami Springs, FL

Zip

Country

Zip

Country

33166**USA**

4. FEI Number

59-2389396

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ, JOSE M.**782 NW LEJEUNE ROAD****SUITE 548****MIAMI FL 33126**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
	PD	MILAM, ALLEN R.	18001 S.W. 55 STREET FT. LAUDERDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ST	DIXON, MARIE MILAM	15854 SW 143 PLACE MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	MILAM, MICHAEL S.	2571 JARDIN CT WESTON FL 33327	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	MILAM, MAX E	1480 SW 155 AVENUE FORT LAUDERDALE FL 33326	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Marie Milam Dixon**4-18-02****305-662-9987**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)