

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90144 020 \*\*\*150.00

0467886 AV

**DOCUMENT # H63427**

1. Entity Name  
**ALBANY FOOD STORE, INC.**



Principal Place of Business  
**5122 CHATSWORTH AVENUE  
TAMPA FL 33625**  
**508 NW 34 PL  
CAPE CORAL FL 33993**

Mailing Address  
**5122 CHATSWORTH AVENUE  
TAMPA FL 33625**  
**508 NW 34 PL  
US CAPE CORAL FL 33993**



2. Principal Place of Business  
**508 NW 34 Place**

3. Mailing Address  
**508 NW 34 Place**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL FLA**

City & State  
**CAPE CORAL FLA**

4. FEI Number  
**59-2697359**

Applied For  
☐ Not Applicable

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

Zip  
**33993**

Country  
**USA**

Zip  
**33993**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**ESPIMOSA, CANDELARIO  
5122 CHATSWORTH AVENUE  
TAMPA FL 33625**  
**508 NW 34 Place  
CAPE CORAL FL 33993**

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

SIGNATURE  
**Andres Espinoza (President)**  
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

DATE  
**4-1-03**

**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>P ESPINOZA, CANDELARIO 4955 W CASS ST TAMPA FL</b> <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	<b>508 NW 34 Place CAPE CORAL FL 33993</b> <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"/> 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"/> 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"/> 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"/> 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"/> Delete	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:  
**Andres Espinoza (President)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4-1-03**

Daytime Phone #

CR2E034 (10/02)