

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90581 001 \*\*\*\*50.00

DOCUMENT # L01000016068

1. Entity Name

EP SUPERMARKET LLC



**DO NOT WRITE IN THIS SPACE**

30066900

2. Principal Place of Business  
2750 SW 26th AVENUE

3. Mailing Address  
2750 SW 26th AVENUE

Suite, Apt. #, etc.

UNIT F

Suite, Apt. #, etc.

UNIT F

DO NOT WRITE IN THIS SPACE

City & State  
COCONUT GROVE FL

City & State  
COCONUT GROVE FL

4. FEI Number  
04-3588932

Applied For

Not Applicable

Zip  
33133

Country  
MIAMI DADE

Zip  
33133

Country  
MIAMI DADE

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
JULIO C. SOMEILLAN

Street Address (P.O. Box Number is Not Acceptable)  
9225 Collins Avenue

Apt. PH-E

City  
Surfside

FL

Zip Code  
33154

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SMIT, LUPE  
2750 SW 26th AVENUE UNIT F  
COCONUT GROVE FLORIDA 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ANGULO, MYRIAM  
2750 SW 26th AVENUE UNIT F  
COCONUT GROVE, FL 33133

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Julio C. Someillan-Agent 305-868-4624 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)