

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90073 007 \*\*\*150.00

**DOCUMENT # L18912**

**1. Entity Name**  
**NUESTRA FAMILIA MARKET CORPORATION**

**Principal Place of Business**

**% JOSE ESPINAL**  
**1505 W. OKEECHOBEE RD**  
**HIALEAH FL 33010**

**Mailing Address**

**% JOSE ESPINAL**  
**1505 W. OKEECHOBEE RD**  
**HIALEAH FL 33010**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**65-0146454**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

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

**ESPINAL, JOSE**  
**1505 W. OKEECHOBEE RD**  
**HIALEAH FL 33010**

Name **Pedro Tavaraz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1505 W. Okeechobee Rd**  
 City **Hialeah** FL **33010**

**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** *Pedro Tavaraz*  
 Signature typed or printed name of registered agent and title if applicable.

**Registered Agent**

**1-31-02**  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **SD** ☒ Delete  
**NAME** **ESPINAL, JOSE**  
**STREET ADDRESS** **1505 W. OKEECHOBEE RD**  
**CITY-ST-ZIP** **HIALEAH FL 33010**

**TITLE** **SD** ☒ Change ☒ Addition  
**NAME** **JUAN ESPINAL**  
**STREET ADDRESS** **1505 W. Okeechobee Rd**  
**CITY-ST-ZIP** **Hialeah, FL 33010**

**TITLE** **PD** ☐ Delete  
**NAME** **HIPOLITO ESPINAL**  
**STREET ADDRESS** **8520 SW 133 AVENUE**  
**CITY-ST-ZIP** **MIAMI FL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VP** ☒ Delete  
**NAME** **ESPINAL, CARMEN**  
**STREET ADDRESS** **8520 SW 133 AVE**  
**CITY-ST-ZIP** **MIAMI FL**

**TITLE** **V.P.** ☒ Change ☒ Addition  
**NAME** **Pedro Tavaraz**  
**STREET ADDRESS** **1505 W. Okeechobee Rd**  
**CITY-ST-ZIP** **Hialeah, FL 33010**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:** *Pedro Tavaraz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**1-31-02 305-411-3126**

CR2E034 (9/01)