

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

DOCUMENT # L 32459

1. Entity Name

Goodway Supermarket #2, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12010 N. Miami Ave.

Suite, Apt. #, etc.

3. Mailing Address

12010 N. Miami Ave.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33168-4521

Country

U.S.

Zip

33168-4521

Country

U.S.

4. FEI Number

65-0216789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos A. Troy

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

10570 NW 27 Street

#103

City

Miami

FL

Zip Code

33172

**DO NOT WRITE  
IN THIS SPACE**

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)

10/4/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	NAME	STREET ADDRESS	CITY-ST-ZIP
President / Secretary / Treasurer	Balbina Perez	9225 Collins Avenue #1212	SURFSIDE, FL. 33161
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/02

Date

(305) 754-5981

Daytime Phone #

FILED

02 OCT 21 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600008566946  
10/21/02--01054--003 \*\*61.25

DO NOT WRITE IN THIS SPACE