

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L84904**

1. Entity Name

HAITI SUPERMARKET, INC.

Principal Place of Business

**C/O ERNST LUCIUS
300 W SUNRISE BLVD. #13
FT. LAUDERDALE FL 33311**

Mailing Address

**4340 NW 3RD PLACE
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0200916

Applied For

Not Applicable

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

LUCIUS, ERNST

300 W SUNRISE BLVD.

FT. LAUDERDALE FL 33311

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

Ernst Lucius

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 September 12, 2001 Fee will be \$750.00
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 ☐ Delete
D LUCIUS, ERNST
STREET ADDRESS **300 W SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE NAME ☐ Change ☐ Addition
600004642056-2
STREET ADDRESS **-10/18/01--01063--007**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Ernst Lucius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 SEP 28 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

0142894 SP

CR2E034 (5/01)

Haiti Supermarket, Inc.
300 W Sunrise Blvd
Fort Lauderdale, FL 33311
(954) 527-4030

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September 24, 2001

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to certify that I, Ernest Lucius, did not receive the original report to be filed with the State of Florida to reinstate the above named corporation. I have spoken to a representative and was told to send \$150.00 for the reinstatement. I sincerely apologize for the inconvenience and appreciate your kind consideration regarding this matter.

Very truly yours,

Ernest Lucius