

2001 UNIFORM BUSINESS REPORT (UBR)

05-18-2001 90008 001 ***150.00

DOCUMENT # M11131

Entity Name
SUPER 27 DISCOUNT INC.

FILED
01 JUN -7 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2740 N.W. 183 ST.
MIAMI FL 33056
US

Mailing Address
7500 NW 69 AVE.
MEDLEY FL 33166

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 **59-2505538** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, ENRIQUE J
7500 NW 69TH AVENUE
MEDLEY FL 33166

Name **CARLOS A. TROY**
Street Address (P.O. Box Number is Not Acceptable)
10570 NW 27 Street
#103
City **MIAMI** FL Zip Code **33172**

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)

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, 2001 Fee will be \$550.00
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 '01

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	DIAZ, ENRIQUE J	40341 SW 37 ST.	MIAMI FL 33165	<input type="checkbox"/> Delete
		7500 NW 69 AVE	Medley, FL 33166	
S	GLAVIJO, EDUARDO	3541 FLAMINGO DR	MIAMI GARDENS FL 33018	<input checked="" type="checkbox"/> Delete
T	GONZALEZ, REYNALDO	8101 N.W. 108TH STREET	MIAMI FL	<input checked="" type="checkbox"/> Delete
S	GONZALEZ, PRISCILA	8350 NW 167TH TERRACE	MIAMI FL	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	MENESES RAUL	12661 NW 99 PL	MIAMI, FL 33018	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		7500 NW 69 AVE	Medley, FL 33166		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01

Date

705-885-9774

Daytime Phone #

CR2E034 (10/00)