

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M11134**

1. Entity Name

**SUPER 47 DISCOUNT INC.****FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90056 032 \*\*\*150.00

00000010



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**7500 N.W. 69TH AVENUE  
MEDLEY FL 33166****7500 N.W. 69TH AVENUE  
MEDLEY FL 33166-2502**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2505529**

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

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

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

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, 2000 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 11

TITLE **P** ☒ Delete  
NAME **CLAVIJO, EDUARDO**  
STREET ADDRESS **3541 FLAMINGO DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL**TITLE **PRESIDENT** ☒ Change ☒ Addition  
NAME **ENRIQUE J. DIAZ**  
STREET ADDRESS **10341 S.W. 37 ST**  
CITY-ST-ZIP **MIAMI FL 33165**TITLE **VP** ☒ Delete  
NAME **DIAZ, ENRIQUE**  
STREET ADDRESS **10341 SW 37 ST**  
CITY-ST-ZIP **MIAMI FL**TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **RAUL MENESSES**  
STREET ADDRESS **12661 N.W. 99th**  
CITY-ST-ZIP **MIAMI GARDENS FL 33088**TITLE **S** ☒ Delete  
NAME **GONZALEZ, PRISCILLA**  
STREET ADDRESS **8350 N. W. 167 TERRACE**  
CITY-ST-ZIP **MIAMI, FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☒ Delete  
NAME **GONZALEZ, REYNALDO**  
STREET ADDRESS **8101 N.W. 166TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33016**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**ENRIQUE J. DIAZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)