

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90011 004 \*\*\*150.00

0519046

**DOCUMENT # P00000003964**

1. Entity Name  
**ALPINE FOOD STORE, INC.**

Principal Place of Business Mailing Address  
 2135 W. GREEN ST. 2135 W. GREEN ST.  
 TAMPA FL 33607 TAMPA FL 33607

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**4001 N Armenia Ave 4001 N Armenia Ave**

City & State City & State  
**Tampa FL Tampa FL**

Zip Country Zip Country  
**33607 USA 33607**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**59-3619996** Not Applicable

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

6. Name and Address of Current Registered Agent

**SUAREZ, WILLIAM**  
**2135 W. GREEN ST.**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **William Suarez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4001 N Armenia Ave**  
 City **Tampa** FL Zip Code **33607**

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

TITLE **D** ☐ Delete  
 NAME **SUAREZ, WILLIAM**  
 STREET ADDRESS **2135 W. GREEN ST.**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ Delete  
 NAME **SUAREZ, GUILLERMO**  
 STREET ADDRESS **2135 W. GREEN ST.**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **William Suarez**  
 STREET ADDRESS **4001 N Armenia Ave**  
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☒ Change ☐ Addition  
 NAME **Guillermo Suarez**  
 STREET ADDRESS **4001 N Armenia Ave**  
 CITY-ST-ZIP **Tampa, FL 33607**

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

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

TITLE ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

813-781-7245

Daytime Phone #

CR2E034 (10/00)