FILED
Jun 18, 2003 8:00 am
Secretary of State
06-09-2003 90107 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000039164

1. Entity Name
Alpine Food Store, Inc.

DO NOT WRITE IN THIS SPACE

55048900

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2. Principal Place of Business	3. Mailing Address
4001 N. Armenia Ave	2135 W. Green St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33607 County: Hillsborough	Zip: 33607 County: Hillsborough

4. FEI Number: 59-3619996 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Guillermo Suarez
Street Address (P.O. Box Number is Not Acceptable): 27116 FoamFlower Blvd
City: Tampa Wesley Chapel FL Zip Code: 33544

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 6/16/03
Signature, typed or printed name of registered agent and title if agent is a corporation. NOTE: Registered Agent signature required when reinstating. DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Guillermo Suarez
STREET ADDRESS	27116 FoamFlower Blvd
CITY-ST-ZIP	~~Tampa, FL~~ Wesley Chapel 33544
TITLE	Vice President
NAME	Amanda Suarez
STREET ADDRESS	27116 FoamFlower Blvd, Wesley
CITY-ST-ZIP	Chapel, FL 33544
TITLE	
NAME	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/06/03 (813) 294-1791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #