1/2!

Feb 13, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

DOCUMENT # P0000013706 **Secretary of State** 1. Entity Name 01-29-2001 90004 002 ***150.00 FACILIDAD SUPERMARKET CORP. Principal Place of Business Mailing Address 1150 N.W. 72ND AVENUE 1150 N.W. 72ND AVENUE SUITE 307 SUITE 307 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-09 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOMEZ, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72ND AVENUE SUITE 307 **MIAMI FL 33126** City Zio 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. PTSD ☐ Addition TITLE ☐ Change TITLE ☐ Delete GOMEZ, ROBERT E NAME NAME STREET ADDRESS STREET ADDRESS 1150 N.W. 72ND AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition ☐ Change VN. Delete TITLE LADOUCEUR, ERICK NAME NAME STREET ADDRESS STREET ADDRESS 551 N.E. 73RD STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 - Delete ☐ Chance ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Oelete [] Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 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

Report E. Gomer

1/19/01

159-4951

other like empowered

domo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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