

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90031 029 ***150.00

DOCUMENT # P00000013706

1. Entity Name
FACILIDAD SUPERMARKET CORP.

Principal Place of Business
1150 N.W. 72ND AVENUE
SUITE 307
MIAMI FL 33126

Mailing Address
1150 N.W. 72ND AVENUE
SUITE 307
MIAMI FL 33126



2. Principal Place of Business

3. Mailing Address
1150 NW 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number 65-0989704

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

~~GOMEZ, ROBERT E~~
~~1150 N.W. 72ND AVENUE~~
~~SUITE 307~~
~~MIAMI FL 33126~~

Name **Rafael Estever**
 Street Address (P.O. Box Number is Not Acceptable)
4740 NE 2nd Ave
 City **Miami** **FL** Zip Code **33137**

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 *Rafael Estever*

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME ~~PTSD~~
 STREET ADDRESS ~~GOMEZ, ROBERT E~~
 CITY-ST-ZIP ~~1150 N.W. 72ND AVENUE~~
~~MIAMI FL 33126~~

TITLE ☐ Change ☒ Addition
 NAME **PHISID**
 STREET ADDRESS **Rafael Estever**
 CITY-ST-ZIP **4740 NE 2nd Ave**
Miami, FL 33137

TITLE ☒ Delete
 NAME ~~VD~~
 STREET ADDRESS ~~LADOUCEUR, ERICK~~
 CITY-ST-ZIP ~~551 N.E. 73RD STREET~~
~~MIAMI FL 33138~~

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Rafael Estever* *Rafael Estever* *1/1/02* *759-4457*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)