

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90030 020 \*\*\*150.00

DOCUMENT # P00000028586

1. Entity Name

302 MI PATRIA GROCERY, INC.

Principal Place of Business

302 SOUTH DIXIE HWY.  
LAKE WORTH FL 33460

Mailing Address

302 SOUTH DIXIE HWY.  
LAKE WORTH FL 33460

29086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0994175

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

MARTINEZ, GUILLERMO  
 6121 WESTFAIR RD.  
 LAKE WORTH FL 33463

Name

DENNY RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

4644 GLADIATOR CIRCLE

City

Green Acres

FL

Zip Code

33463

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.

(NOTES: Registered Agent signature required when reinstating)

DATE

4/26/02

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  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MARTINEZ, GUILLERMO	6121 WESTFAIR RD	LAKE WORTH FL 33463				
	PRESIDENT	DENNY RODRIGUEZ	4644 GLADIATOR CIRCLE		DENNIS RODRIGUEZ	4644 GLADIATOR CIRCLE	GREEN ACRES, FL 33463
		GREEN ACRES FL 33463					

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

Date

Daytime Phone #

3/12/02

4/10/02

CR2E034 (9/01)