

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90052 047 \*\*\*150.00

**DOCUMENT # P00000035944**

1. Entity Name  
**MATOS SUPERMARKET, INC.**



Principal Place of Business  
2901 N. NEBRASKA AVENUE  
TAMPA, FL 33602

Mailing Address  
2901 N. NEBRASKA AVENUE  
TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3639542**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORTES, HECTOR**  
2901 N. NEBRASKA AVENUE  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name **TERESA KENNEDY**  
Street Address (P.O. Box Number is Not Acceptable)

**6218 LAUREL CREEK TRAIL**

City **ELLENTON** FL Zip Code **34222**

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

*Teresa Kennedy*

**3/31/03**

DATE

Signature, typed or printed name of registered agent and date is applicable.

(NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 PD  
NAME KENNEDY, TERESA ☐ Delete  
STREET ADDRESS 2901 N. NEBRASKA AVENUE  
CITY-ST-ZIP TAMPA, FL 33602

TITLE VPD  
NAME CORTES, HECTOR ☒ Delete  
STREET ADDRESS 2901 N. NEBRASKA AVENUE  
CITY-ST-ZIP TAMPA, FL 33602

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME KENNEDY TERESA  
STREET ADDRESS 6218 LAUREL CREEK TRAIL  
CITY-ST-ZIP ELLENTON, FL. 34222

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Teresa Kennedy*

**3/31/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC34 (10/02)