

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90182 006 \*\*\*150.00

**DOCUMENT # P00000038001**

1. Entity Name

**LA ROSA MARKET, INC.**

Principal Place of Business

**110 N.W. 5TH AVENUE  
DELRAY BEACH FL**

Mailing Address

**110 N.W. 5TH AVENUE  
DELRAY BEACH FL**

2. Principal Place of Business

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**SAME**

City &amp; State

**SAME**

Zip

**SAME**

Country

Zip

Country

4. FEI Number

**65-0716747**

Applied For

Not Applicable

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

**CHASSAGNE, SABRINA  
ONE N.E. 2ND AVENUE  
SUITE 208  
MIAMI FL 33132**

Name

**CLAUDE R. HYPPOLITE**

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

**6753 DOGWOOD DRIVE, MIRAMAR, FL 33023**

City

**MIRAMAR****FL**Zip Code  
**33023**

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 **CLAUDE R. HYPPOLITE**

01-23-01

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>DELHOMME, SAPHELIUS J</b>	
STREET ADDRESS	<b>1698 NW 67 AVENUE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>N/A</b>	

TITLE	<b>TVD</b>	<input type="checkbox"/> Delete
NAME	<b>DELHOMME, ELIANE J</b>	
STREET ADDRESS	<b>1698 NW 67 AVENUE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAPHELIUS J. DELHOMME**

Date

01-23-01

Daytime Phone #

CR2E034 (10/00)