

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066380

1. Entity Name

SUPERMARKET LA COLONIA, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 1:30

Principal Place of Business

2300 Coral Way
Suite # 200
Miami, FL 33145

Mailing Address

2300 Coral Way
Suite # 200
Miami, FL 33145

2. Principal Place of Business

2300 Coral Way
Suite, Apt. #, etc.
Suite # 200

3. Mailing Address

2300 Coral Way
Suite, Apt. #, etc.
Suite # 200

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1022363

Applied For

Not Applicable

Zip

33145

Country

US

Zip

33145

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LISSETH ANGELES NORORI
1960 SW 61 CT
WEST MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
FLORIDA ANNUAL REPORT SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
2300 Coral Way
Suite # 200
City
Miami FL Zip Code
33145

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

AMADA CANTERA LOPEZ, President

4/15/01

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME NORORI, LISSETH A.
STREET ADDRESS 2009 W. FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE VP ☐ Delete
NAME NORORI, CARLOS
STREET ADDRESS 2009 W. FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE S ☐ Delete
NAME LOPEZ, EJERCIDA
STREET ADDRESS 2009 W. FLAGLER STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100004102201--2
CITY-ST-ZIP -05/01/01--01062--014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ***150.00 ***150.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

Lisbeth A Norori

4/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)