

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 009 ***150.00

DOCUMENT # P00000067155
1. Entity Name
 EL EXITO SUPERMARKET, INC.

Principal Place of Business **Mailing Address**
 1080 S. MILITARY TRAIL
 WEST PALM BEACH, FL 33415

2. Principal Place of Business **3. Mailing Address**
 1080 S. MILITARY TRAIL
 Suite, Apt. #, etc.
 City & State City & State
 WEST PALM BEACH, FL
 Zip Country Zip Country
 33415 PALM BEACH

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LUZ A. CAICEDO
 3435 TYRINGHAM DR.
 WEST PALM BEACH, FL 33406

4. FEI Number **Applied For**
 65-1025770 ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 **DATE**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW! FEE IS \$150.00**
 (See criteria on back) 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 | PD - FERNANDO CORTES <input type="checkbox"/> Delete 3435 TYRINGHAM DR. WEST PALM BEACH, FL 33406 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV - ORLANDO RODRIGUEZ <input type="checkbox"/> Delete 1035 CAMEO CIRCLE WEST PALM BEACH, FL 33417 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T - CARLOS VANEGAS <input type="checkbox"/> Delete 1035 CAMEO CIRCLE WEST PALM BEACH, FL 33417 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* **DATE:** 04/25/02 **DAYTIME PHONE #:** (561) 933-1774
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR