

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90075 031 \*\*\*150.00

<b>DOCUMENT #</b> P00000070084			
<b>1. Entity Name</b> RENACER SUPERMARKET, INC			
<b>Principal Place of Business</b> 2241 NW 7 Street Miami, FL 33125		<b>Mailing Address</b> 8758 SW 8 Street Miami, FL 33174	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 65-1027116		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> IGLESIAS, BERTHA 5001 SW 68 Avenue Miami, FL 33155			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
PD	IGLESIAS, BERTHA	5001 SW 68 Avenue	Miami, FL 33155
<input type="checkbox"/> Delete			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete			
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
<b>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.</b>			
<b>SIGNATURE:</b> <i>Bertha Iglesias</i>		<b>4/19/01 (305) 227-2120</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	