## -2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

**MIAMI FL 33125** 

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2241 NW 7TH STREET

## DOCUMENT # P0000070084

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2241 NW 7TH STREET

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

MIAMI FL 33125

RENACER SUPERMARKET, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90483 016 \*\*\*150.00

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	80   D.   D.     <b>3</b> 14   1881			
☐ CHECK HERE IF MAKING CHAN	IGES			
4. FEI Number CE 4007440	Applied For			
65-1027116	Not Applicable			
	\$8.75 Additional Fee Required			

DATE

IGLESIAS, BERTHA 5001 SW 68TH AVENUE MIAMI FL

7. Name and Address of New Registered Agent				
Name		,		
•				
Street Address (P.O. Box Number is Not A	cceptable)			
City	FL	Zip Code		

8. TI	he 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
th	ne obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Fiorida Department of State

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

Country

6. Name and Address of Current Registered Agent

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Office	k rayable to monda bepartment or otate							
10.	: OFFICERS AND DIRECTO	RS -	_11.	. ADD	ITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS, BERTHA 5001 SW 68 AVENUE MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı		, ,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Change	Addition
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Da

Daytime Phone #