

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/5

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90071 047 \*\*\*150.00

**DOCUMENT # P00000086685**

1. Entity Name

ALMACENES EL COMPLETO, INC.

Principal Place of Business

8196 NW 103 STREET  
 HIALEAH GARDENS FL 33016

Mailing Address

8196 NW 103 STREET  
 HIALEAH GARDENS FL 33016

2. Principal Place of Business

8196 NW 103 ST

3. Mailing Address

8196 NW 103 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Gardens FL 33016

City & State

Hialeah Gardens FL

4. FEI Number

65-1039465

Applied For

Not Applicable

Zip

33016

Country

Miami Dade

Zip

33016

Country

Miami Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, MAYRA E  
 8205 NW 194 TERRACE  
 MIAMI LAKE FL 33015

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

Signature, typed or printed name of registered agent and use 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

TITLE: President  
 NAME: 8205 NW 194 Terrace  
 STREET ADDRESS: Miami Lake FL 33015  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR20034 (10/00)