

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093681

1. Entity Name
LAS PALMAS MARKET & DELI, INC.

Principal Place of Business

2519-21 N. STATE RD. 7
MARGATE FL 33063

Mailing Address

2519-21 N. STATE RD. 7
MARGATE FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEMUS, OLGA M
2519-21 N. STATE RD. 7
MARGATE FL 33063

4. FEI Number

65-1042392

Applied For

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

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS LEMUS, OLGA M
CITY-ST-ZIP 3811 NW 43RD TERR.
COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME D
STREET ADDRESS LEMUS, GILBERTO
CITY-ST-ZIP 3811 NW 43RD TERR.
COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME D
STREET ADDRESS LEMUS, CLAUDIA A
CITY-ST-ZIP 3811 NW 43RD TERR.
COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME D
STREET ADDRESS CHAVES, ROSA
CITY-ST-ZIP 2661 RIVERSIDE DR., APT. 4
CORAL SPRINGS FL 33065

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
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90202 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)