

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90395 049 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000095925

1. Entity Name: Agabe Supermarket Corp. 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>19770 SW 177th Ave</u>	3. Mailing Address <u>19770 SW 177th Ave</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>
Zip <u>33187</u>	Country <u>MIAMI-DADE</u>

4. FEI Number 65-1046462

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

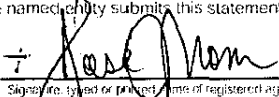
7. Name and Address of Current Registered Agent

Name JOSE MONES

Street Address (P.O. Box Number is Not Acceptable)
9202 SW 167th Ct

City MIAMI FL Zip Code 33196

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)

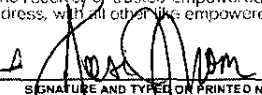
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>JOSE MONES</u> <u>9202 SW 167th Ct</u> <u>MIAMI FL 33196</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAY/HR: PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)