

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0147078 AV

**DOCUMENT # P00000109553**

1. Entity Name  
**BARGAIN FOOD MARKET, INC.**

04-01-2002 90022 044 \*\*\*150.00

Principal Place of Business

Mailing Address

**440 S DIXIE HWY  
 HOLLYWOOD FL 33020**

**440 S DIXIE HWY  
 HOLLYWOOD FL 33020**



2. Principal Place of Business

3. Mailing Address

**BARGAIN FOOD MARKET**  
 Suite, Apt. #, etc.

**PRINCIVIL SAINTIL**  
 Suite, Apt. #, etc.

**440 S DIXIE HWY**

**727 SW 3RD AVE**

City & State  
**HOLLYWOOD**

City & State  
**HALLANDALE**

Zip  
**33020**

Country  
**FL**

Zip  
**33009**

Country  
**FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1071719**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAINTIL, PRINCIVIL  
 440 S DIXIE HWY  
 HOLLYWOOD FL 33020**

Name  
**VERLAND DELISCA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**727 SW 3RD AVE**  
**HALLANDALE**  
 City  
**FL** Zip Code **33009**

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 *Princivil Saintil*  
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D SAINTIL, PRINCIVIL**  
**727 SW 3RD AVE**  
**HALLANDALE FL 33009** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D DELISCA, VERLAND**  
**727 SW 3RD AVE**  
**HALLANDALE FL 33009** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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: *Princivil Saintil*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/21/02** Daytime Phone # **954) 605-7705**

CR2E034 (9/01)