

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90237 005 \*\*\*150.00

0140820 SP

**DOCUMENT # P00000109940**

1. Entity Name

**BEST PRICE CARIBBEAN-AMERICAN SUPERMARKET, INC.**

Principal Place of Business

**927 GOLDEN AVENUE  
ORLANDO FL 32805**

Mailing Address

**927 GOLDEN AVENUE  
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-2585785**

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

**CASTRY, JOSEPH  
2826 HEARTHSTONE WAY  
ORLANDO FL 32839**

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)

**7/8/01**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
**PD  
CASTRY, JOSEPH  
2826 HEARTHSTONE WAY  
ORLANDO FL 32839** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
JOSEPH, ARNOUX  
2822 HEARTHSTONE WAY  
ORLANDO FL 32839** ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph CASTRY**

**7/8/01**

Date

**407443-5668**

Daytime Phone #

CR2E034 (5/01)

July 9, 2001

Florida Department of State  
Division of Corporations  
Annual Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Re: **Best Price Caribbean-American Supermarket, Inc.**  
**P0000109940**


*Attachmark*  
*Doc # P0000109940*  
*CWB596*

I would like to inform you that the above referenced corporation did not receive the notice of renewal (Form UBR) for the year 2001. However, the second notice arrived a few days ago.

Due to the above circumstances, I am requesting that you waive any associated penalties. Enclosed, you will find the 2001 Uniform Business Report and a check for \$150.00 filing fee.

Thank you for your assistance.

Yours truly,

  
Joseph Castry  
2826 Hearthstone Way  
Orlando, FL 32839