

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91560 014 ***150.00

DOCUMENT #

P01000017159

1. Entity Name

ZALES MEAT DISCOUNT MARKET INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

780 W. 17 Street

3. Mailing Address

780 W. 17 Street

Suite, Apt. #, etc.

Bay 9

Suite, Apt. #, etc.

Bay 9

City & State

Hialeah, FL 33010

City & State

Hialeah, FL 33010

Zip

Country

Zip

Country

4. FEI Number

65-1076923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Guillermo Diaz**

Street Address (P.O. Box Number is Not Acceptable)

4011 W. Flagler St. Suite 403

City **Miami**

FL

Zip Code **33134**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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	D ZAGALES, RAFAEL 5555 Collins Ave. # 12F Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL ZAGALES

04/15/02

(305) 883-4787

Daytime Phone #

CR2E034B (12/01)