

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90006 011 ***150.00

DOCUMENT # P01000039710

1. Entity Name
CONCEPCION FOOD MARKET & CAFETERIA, INC.

Principal Place of Business
3946 CURTIS PARKWAY
VIRGINIA GARDENS FL 33166

Mailing Address
3946 CURTIS PARKWAY
VIRGINIA GARDENS FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1096759

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROJAS, LUIS
2501 NW 31 STREET
MIAMI FL 33142

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, 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 ☐ Delete
 NAME **D ROJAS, LUIS**
 STREET ADDRESS **2501 NW 31 ST.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR AND PRESIDENT**
 STREET ADDRESS **ROJAS, LUIS**
 CITY-ST-ZIP **2501 N.W. 31 ST**
MIAMI, FL 33142

TITLE ☐ Delete
 NAME **D QUIJANO, YELBA**
 STREET ADDRESS **2501 NW 31 ST.**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☒ Change ☐ Addition
 NAME **DIRECTOR AND SECRETARY AND**
 STREET ADDRESS **QUIJANO, YELBA**
 CITY-ST-ZIP **2501 N.W. 31 ST**
MIAMI, FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS ROJAS
PRESIDENT

Date

Daytime Phone #

01/14/2002 (786) 265-0228

CR2E034 (9/01)