

2002 UNIFORM BUSINESS REPORT (UBR)

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

0448566 AV

DOCUMENT # P01000048468

1. Entity Name

TOP QUALITY FOOD MARKET, INC.

03-14-2002 90031 015 ***150.00

Principal Place of Business

Mailing Address

**1345 34TH STREET SOUTH
ST PETERSBURG FL 33711**

**1345 34TH STREET SOUTH
ST PETERSBURG FL 33711**

2. Principal Place of Business

1345 34th st. so.

Suite, Apt. #, etc.

3. Mailing Address

1345 34th st. so.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

4. FEI Number

593718304

Applied For

Not Applicable

Zip

33711

Country

PINELLAS

Zip

33711

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DURAN, PRESENCIO

**1345 34TH STREET SOUTH
ST PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

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

TITLE **PRESIDENT** ☐ Delete
NAME **PRESENCIO DURAN**
STREET ADDRESS **6810 TWELVE OAKS BLVD. TAMPA, FL**
CITY-ST-ZIP **33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/02 (727) 321-1570

Date

Daytime Phone #

CR2E034 (9/01)