

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90008 002 \*\*\*150.00

**DOCUMENT # P01000061743**

1. Entity Name  
**LA HABANA SUPERMARKET, INC.**

Principal Place of Business  
**1410 SOUTHWEST 6TH STREET  
MIAMI FL 33135**

Mailing Address  
**13016 SOUTHWEST 128TH STREET  
MIAMI FL 33186**

2. Principal Place of Business

**13016 S-W 128. ST**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33186**

Country

**FL**

Zip

**33186**

Country

**FL**

4. FEI Number

**65-1114098**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**GEORGE A. MILIAN**

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

**4/16/02**

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  
**PTD**  
NAME  
**MILIAN, GEORGE A** ☐ Delete  
STREET ADDRESS  
**1410 SOUTHWEST 6TH STREET**  
CITY-ST-ZIP  
**MIAMI FL 33135**

TITLE  
**SVD**  
NAME  
**MILIAN, MARCIA M** ☐ Delete  
STREET ADDRESS  
**1410 SOUTHWEST 6TH STREET**  
CITY-ST-ZIP  
**MIAMI FL 33135**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PTD.** ☒ Change ☐ Addition  
NAME  
**GEORGE A. MILIAN**  
STREET ADDRESS  
**13016 S-W 128-ST**  
CITY-ST-ZIP  
**MIAMI FL 33186**

TITLE  
**SVD.** ☒ Change ☐ Addition  
NAME  
**MILIAN MARCIA**  
STREET ADDRESS  
**13016 S-W 128-ST**  
CITY-ST-ZIP  
**MIAMI FL 33186**

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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

DATE

**4/16/02**

DAYTIME PHONE #

**305 971-2944**

CR2E034 (9/01)