FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90305 027 ***150.00

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1. Entity Name

Fresh & Easy, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1749 E. Hallandale Bch Blvd	1749 E. Hallandale Bch Blvd.
Suite, Apt. #, etc. #196	Suite, Apt. #, etc. #196
City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009 Country USA	Zip 33009 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1631784 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Gladys Muñoz

Street Address (P.O. Box Number is Not Acceptable) 3909 SW 33 ST

City Hollywood FL Zip Code 33023

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Gladys Muñoz
STREET ADDRESS	3909 SW 33 ST
CITY-ST-ZIP	Hollywood, FL 33023
TITLE	Vice-President
NAME	Rafael Muñoz
STREET ADDRESS	3909 SW 33 ST
CITY-ST-ZIP	Hollywood, FL 33023
TITLE	Melissa Carromero, Treasurer
NAME	
STREET ADDRESS	3909 SW 33 ST
CITY-ST-ZIP	Hollywood, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gladys Muñoz July 2, 2003 954-961-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #