

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90073 030 ***150.00

0360049 AT

DOCUMENT # P01000072943

1. Entity Name
ALABINA MARKET, INC

Principal Place of Business
POST OFFICE BOX 880641
BOCA RATON FL 33488

Mailing Address
POST OFFICE BOX 880641
BOCA RATON FL 33488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1122649

Applied For

Not Applicable

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

MANTILLA, MARTHA E
9698 ARBOR OAK LANE
NO. 106
BOCA RATON FL 33428

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 **D** ☐ Delete
 NAME **MANTILLA, LUZ S**
 STREET ADDRESS **POST OFFICE BOX 880641**
 CITY-ST-ZIP **BOCA RATON FL 33488**

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

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:

OLIVIA MANTILLA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/17/01 584 385-4068

CR2E034 (9/01)

Attachment
ALABINA MARKET, INC

PO BOX 880641
BOCA RATON, FL 33488

#PO1000072943/103890

FACSIMILE TRANSMITTAL SHEET

TO : DIVISION OF CORPORATION

FROM:

MARTHA E MANTILLA EXT 2029

COMPANY:

DATE:

4/16/02

FAX NUMBER:

MAILED

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

I AM MAILING YOU 2002 UNIFORM BUSINESS REPORT, I DIDN'T USE THIS CORPORATION YET, AND I DON'T WANT TO CLOSED IT, I WANT TO KEEP IT.
I AM MAILING YOU CHECK NO 289 FOR 150.00 FILING FEE.

THANK YOU!
MARTHA E MANTILLA

AMOUNT OF DEPOSIT (Do NOT type, please print.)
DOLLARS CENTS

Mark the "X" in this box only if there is a change to Employer, Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN 65-1122649 171612

**ALABINA MARKET INC
PO BOX 880641
BOCA RATON FL 33488-0641**

IRS USE
ONLY

Darken only one TYPE OF TAX		a n d	Darken only one TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/>	1st Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/>	2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/>	3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/>	4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042		
<input type="checkbox"/> 940			

62

07 2

Telephone number ()

FOR BANK USE IN MICR ENCODING

**Federal Tax Deposit Coupon
Form 8109** (Rev. 12-2000)