

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-29-2002 90696 036 ***150.00

DOCUMENT # P01000085953

1. Entity Name
MINIMARKET NICARAGUENSE CORP.

Principal Place of Business
1730 W BRIGHT DR APT 6
HIALEAH FL 33010

Mailing Address
1730 W BRIGHT DR APT 6
HIALEAH FL 33010

2. Principal Place of Business
1302 W FLAGLER ST
 Suite, Apt. #, etc.

3. Mailing Address
1730 W. BRIGHT DR
 Suite, Apt. #, etc.

City & State **MIAMI FL**
Zip **33135** **Country** **DADE**

City & State **HIALEAH FL**
Zip **33010** **Country** **DADE**


4. FEI Number **65-1133726**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LLAURADO, RAMON
10540 NW 26TH ST STE 103
MIAMI FL 33172

7. Name and Address of New Registered Agent
Name **MARRERO SAYDA C.**
Street Address (P.O. Box Number is Not Acceptable)
1730 W. BRIGHT DR #6
City **HIALEAH** **FL** **Zip Code** **33010**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST MARRERO, SAYDA C 1730 W BRIGHT DR APT 6 HIALEAH FL 33010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRERO, SAYDA C 1730 W BRIGHT DR APT 6 HIALEAH FL 33010 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(305) 642-3483

CR2E034 (9/01)