

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90178 001 ***150.00

DOCUMENT # P01000085953



1. Entity Name
MINIMARKET NICARAGUENSE CORP.

Principal Place of Business
**1302 W FLAGLER ST
MIAMI FL 33135**

Mailing Address
**1730 W BRIGHT DR
6
HIALEAH FL 33010**



2. Principal Place of Business

3. Mailing Address

**1302 W Flagler St
Suite, Apt. #, etc.
Miami FL
City & State**

Suite, Apt. #, etc.

City & State

Zip
33135

Country
Florida

Zip

Country

4. FEI Number
65-1133726

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARRERO, SAYDA C
1730 W BRIGHT DR #6
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name
Sayda Marrero
Street Address (P.O. Box Number is Not Acceptable)
**1302 W Flagler St
City Miami FL Zip Code 33135**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST MARRERO, SAYDA C 1730 W BRIGHT DR APT 6 HIALEAH FL 33010 | <input type="checkbox"/> Delete |
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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 Block 11 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

1/15/03
Date

305-642-3483
Daytime Phone #

CR2E034 (10/02)