

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90151 032 \*\*\*150.00

**DOCUMENT # P01000106882**

1. Entity Name

**5 BROTHERS GROCERY, INC.**

Principal Place of Business

**930 SOUTHARD STREET  
 KEY WEST FL 33040**

Mailing Address

**930 SOUTHARD STREET  
 KEY WEST FL 33040**

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

**65-1149637**

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

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

Name

**Heriberto Paez, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**930 Southard Street**

City

**Key West**

**FL**

Zip Code

**33040**

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

*Heriberto Paez Jr.*

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

**8/14/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD  
 PAEZ, HERIBERTO JR.  
 930 SOUTHARD STREET  
 KEY WEST FL 33040** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ 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:

*Heriberto Paez Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/14/02**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

PO1000106882  
124038

August 14, 2002

Division of Corporations  
Uniform Business Report Filings

~~P.O. Box-1500~~

Tallahassee, FL 32302-1500

To Whom It May Concern:

I respectfully request that you waive the late filing fee due to the fact that my corporation never received the prior notice. I have included a check for the original filing fee amount of \$150.00.

Thanking You In Advance,

*Heriberto Paez Jr.*

Heriberto Paez, Jr.