

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113593

1. Entity Name  
LA PALOMITA DELI, INC.Principal Place of Business  
4928 10TH AVENUE NORTH  
GREENACRES FL 33463

Mailing Address

4928 10TH AVENUE NORTH  
GREENACRES FL 334632. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

30-0049230

Applied For

Not Applicable

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MATA, PAUL  
107 STIRRUP LANE  
ROYAL PALM BEACH FL 33411

## 7. Name and Address of New Registered Agent

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

*Roseanna Mata*

(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 State10. 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  
NAME MATA, PAUL  
STREET ADDRESS 107 STIRRUP LANE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 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:

*Roseanna Mata*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3  
272703  
38

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)