

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90272 027 ***150.00

DOCUMENT # P01000122409

1. Entity Name
PLAZA TROPICAL SUPERMARKET, INC.

Principal Place of Business

**166 ACAPULCO DR
 KISSIMMEE FL 34743**

Mailing Address

**166 ACAPULCO DR
 KISSIMMEE FL 34743**

2. Principal Place of Business

643 LANCASTER Rd.
 Suite, Apt. #, etc.

3. Mailing Address

166 Acapulco Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL.

City & State

Kissimmee, FL.

4. FEI Number

47-08 47066

Applied For

Not Applicable

Zip

32809

Country

Zip

34743

Country

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

ABRAHAM, DAYSI

**166 ACAPULCO DR
 KISSIMMEE FL 34743**

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

Daysi Abraham

Daysi Abraham

4-14-02

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 **ABRAHAM, DAYSI**
STREET ADDRESS **166 ACAPULCO DR**
CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Daysi Abraham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

Date

(407) 344-2684

Daytime Phone #

791-8313

CR2E034 (9/01)