

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000006491

1. Entity Name
RICKI'S GROCERY, CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 11 PM 3:59

Principal Place of Business
3109 WEST 72ND STREET
HIALEAH FL 33018

Mailing Address
3109 WEST 72ND STREET
HIALEAH FL 33018



2. Principal Place of Business

3. Mailing Address

1570 West 43rd Ste 11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hialeah, Florida

City & State

City & State

33012

Zip

Country

Zip

Country

4. FEI Number

03-0378681

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

PEREZA, RICARDO G
3109 WEST 72ND STREET
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

Ricardo Alvarez

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

1570 W. 43rd Ste 10

Hialeah, Florida

City

33012

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. 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

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

TITLE PD
NAME PERAZA, RICARDO G
STREET ADDRESS 3109 WEST 72ND STREET
CITY-ST-ZIP HIALEAH FL 33018 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Manuela Alvarez
STREET ADDRESS 16805 Nw 83ct
CITY-ST-ZIP Hialeah, FL 33016 PD ☐ Change ☒ Addition

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

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

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

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

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

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

04/09/03

786-3550823

Date

Daytime Phone #

CR2E034 (10/02)