

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/12/2003-90174-001-\$50.00-\$50.00 *
9/12/2003-90174-002-\$500.00-\$500.00

0152264

DOCUMENT # P02000039941

1. Entity Name
THE CORTON'S SHOP. CORP.



Principal Place of Business
% 28831 SW 147 AVENUE
HOMESTEAD FL 33033

Mailing Address
% 28831 SW 147 AVENUE
HOMESTEAD FL 33033

FILED
Sep 30, 2003 8:00 A.M.
Secretary of State

2. Principal Place of Business

28831 SW 147 Ave

3. Mailing Address

28831 SW 147 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Homestead FL

City & State

Homestead, FL

4. FEI Number

03-0425640

Applied For

Not Applicable

Zip

33033

Country

Zip

33033

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, RITA C
28831 SW 147 AVENUE
HOMESTEAD FL 33030

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00
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 NUNEZ, RITA C
STREET ADDRESS 28831 SW 147 AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE VP
NAME CORTON, LAZARO
STREET ADDRESS 28831 SW 147 AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(505) 946 3932

CR20034 (4/03)

9/10/1