

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90074 044 ***150.00

40000107



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000045316

1. Entity Name
LA SEGUNDA BODEGUITA DEL MEDIO INC



Principal Place of Business
833 SW 29 AVE
UNIDAD #3
MIAMI FL 33135

Mailing Address
833 SW 29 AVE
UNIDAD #3
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-2039483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUENTES, MERIDA P
833 SW 29 AVE
UNIDAD #3
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name **MICHAEL A. FERNANDEZ**
Street Address (P.O. Box Number is Not Acceptable)
833 SW 29 AVE #3
City **MIAMI** FL **33135**

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, MERIDA	
STREET ADDRESS	833 SW 29 AVE UNIT #3	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, HEIDY C	
STREET ADDRESS	833 SW 29 AVE UNIT #3	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, HELEN K	
STREET ADDRESS	833 SW 29 AVE UNIT #3	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MICHAEL A	
STREET ADDRESS	833 SW 29 AVE UNIT #3	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/8/03

649-9313

CR2E034 (10/02)