

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91408 025 \*\*\*150.00

0155546 AV

**DOCUMENT # P02000105187**

1. Entity Name  
**LA BODEGUITA DEL DOLLAR, INC.**



Principal Place of Business  
**7690 WEST 29 WAY APT 201  
HIALEAH FL 33018**

Mailing Address  
**7690 WEST 29 WAY APT 201  
HIALEAH FL 33018**

2. Principal Place of Business  
**2800 WEST 84ST**

3. Mailing Address  
**2800 W. 84ST.**

Suite, Apt. #, etc.

**7**

Suite, Apt. #, etc.

**07**

City & State

**HIALEAH FL**

City & State

**HIALEAH FL**

Zip

**33018**

Country

**US**

Zip

**33018**

Country

**US**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**47-0892198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DANIEL M KEIL PA  
3165 WEST 4TH AVENUE  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name  
**DAVID GALQUERA**

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

**2800 WEST 84ST SUITE # 7**

City

**HIALEAH**

FL

Zip Code

**33018**

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

**DAVID GALQUERA - PRESIDENT 03-31-03**

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
GALQUERA, DAVID  
7690 WEST 29 WAY APT 201  
HIALEAH FL 33018**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
MIRANDA, ALEXANDRA  
7690 WEST 29 WAY APT 201  
HIALEAH FL 33018**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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

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NAME  
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/30/03**

CR2E034 (10/02)