2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000134218

1. Entity Name

ONE STOP COMMUNITY GROCERIES, INC.

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FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90299 026 ***150.00

					G	E.S.	
Principal Place of Business Mailing Address							
6355 N.W. 7TH AVENUE				6355 N.W. 7TH AVENUE			
MIAMI FL 33150				MIAMI FL 33150			
US	Day Halland	ELECTRICAL CONTRACTOR	US				A REGINEOL DIL OCKLO MIETI ORANI DEGIN DEGIN TERRO MINI DIDIR LIBER MENT TOM TROI
	1391	44]	
2. Principal F	Place of Busine	ss:	3. Ma	iling Address			T INDIINAN III OSIAN TANII OOLII ABAA ANAA ANAA NIAA NIAA AAAA AAAA AA
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
<u> </u>							
City & State			City & State			4. FEI Number Applied For	
						14-1864601 Not Applicable	
Zip		Country	Zip		Country		5. Certificate of Status Desired \$8.75 Additional
							Fee Required
	6. Name a	nd Address of Current	Register	ed Agent	No.		7. Name and Address of New Registered Agent
					Name		
AUDEVER	rt, Lucienne				Street Add	dress (P.	P.O. Box Number is Not Acceptable)
299 N.W.	104TH STRE	ET					4
MIAMI FL	33150						1.7
٠		•			City		E
		**			City		FL Zip Code
			or the purp	oose of changing its	registered office or r	egistere	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of register	ed agent.					
CIONATURE							
SIGNATURE	Signature, typed or	printed name of registered agent	and title if app	plicable. (NOTE	: Registered Agent signature	required w	when reinstating) DATE
	THE NOW!	FFF IC 6450.00					
		FEE IS \$150.00 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May Be
	• .	Florida Department c	f State				Trust Fund Contribution. Added to Fees
10.		OFFICERS AND		<u> </u>	11.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	I D	OFFICERS AND	DINECTO	Delete	TITLE		Change Addition
TITLE NAME	P P	NIDOA		□ Delete	NAME		
STREET ADDRESS	PIERRE, SA	ndra Dath Street			STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 3				CITY-ST-ZIP		er er er er er er er
		3130		П.,	- 	-	Change C Addition
TITLE	VP	011111 50140		☐ Delete	TITLE NAME		☐ Change ☐ Addition }
NAME STREET ADDRESS		GUILLERMO			STREET ADDRESS		A TOTAL CONTRACTOR
CITY-ST-ZIP		TH STREET			CITY-ST-ZIP		THE TALL
	MIAMI FL 3	312/					9 (
TITLE	ST			☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PIERRE, SA				NAME CYDEET ADDRESS		Section 18 Section 18
STREET ADDRESS CITY-ST-ZIP		14TH STREET			STREET ADDRESS CITY-ST-ZIP		7 . T
	MIAMI FL 3	3150					
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STREET ADDRESS					STREET ADDRESS		}
CITY-ST-ZIP	1				CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filling 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:

40000 NUCE PROBIRED

4-28-03

305.754.9640

Daytime Phone #

R2E034 (10/02)