

2001 UNIFORM BUSINESS REPORT (UBR)

5/14/

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-14-2001 90198 035 ***150.00

DOCUMENT # P93000066773

1. Entity Name

EL PICOTEO GROCERY, INC.

Principal Place of Business

Mailing Address

29353 SW 152ND AVE
 MIAMI FL 33033

29353 SW 152ND AVE
 MIAMI FL 33033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0437655**

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

7. Name and Address of New Registered Agent

ESTRADA, HECTOR J
29353 SW 152ND AVE
MIAMI FL 33033

Name

OSCAR PACHECO

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

1765 S.W. 3 CT

City

HOMESTEAD FL

FL

Zip Code

33033

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.

SIGNATURE *Oscar Pacheco*
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

06/20/2001
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | ESTRADA, HECTOR J | |
| STREET ADDRESS | 11730 SW 187TH ST | |
| CITY-ST-ZIP | MIAMI FL 33177 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | ESTRADA, ZOILA N | |
| STREET ADDRESS | 11730 SW 187TH ST | |
| CITY-ST-ZIP | MIAMI FL 33177 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | ESTRADA, HECTOR C | |
| STREET ADDRESS | 11730 SW 187TH ST | |
| CITY-ST-ZIP | MIAMI FL 33177 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | ESTRADA, ESTHER N | |
| STREET ADDRESS | 11730 SW 187TH ST | |
| CITY-ST-ZIP | MIAMI FL 33177 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACHECO OSCAR | |
| STREET ADDRESS | HOMESTEAD FL 33033 | |
| CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTINEZ JOSE D. | |
| STREET ADDRESS | 1362 LAURA LANE HOMESTEAD FL 33033 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Pacheco (Pres) **4/30/01** **305 242-1280**
 Date Daytime Phone #

CR2E034 (10/00)