2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am P94000039612 DOCUMENT # **Secretary of State** 1. Entity Name SANTO DOMINGO MINI MARKET, INC. 03-18-2002 90029 021 ***150.00 Principal Place of Business Mailing Address 6421 PEMBROKE ROAD 6421 PEMBROKE ROAD HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0500353 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIFTH - LUIS TIFA, LUIS Street Address (P.O. Box Number is Not Acceptable) 7179 PEMBROKE ROAD PEMBROEK PINES FL 33023 HAMRONE EL SE 8. The above named submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 4 printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) PD TITLE ☐ Delete THILE Change ☐ Addition TIFA. LUIS NAME NAME 2462 PIERCE STREET, SUITE 9 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP **VSTD** TITLE ☐ Delete TITLE ☐ Change TIFA, ANA J TAFA, ANA NAME NAME 2462 PIERCE STREET, SUITE 9 STREET ADDRESS STREET ADDRESS DOOD RY TOOK CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 true effective 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 attachment with a part (ess, with all other like empowered.

SIGNATURE MOTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED