

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90852 041 ***150.00

DOCUMENT # P96000096544

1. Entity Name
COMPARE SUPER MARKET, INC.



Principal Place of Business
1870 PROVIDENCE BLVD

D
DELTONA FL 32725
US

Mailing Address
1870 PROVIDENCE BLVD

D
DELTONA FL 32725
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3407860**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERNANDEZ, GABRIEL
1712 S. ACADIAN DR
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name **FERNANDEZ, GABRIEL**

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

206 VIA TUSCANY LOOP

City **LAKE MARY**

FL **Zip Code** **32746**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-10-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FERNANDEZ, GABRIEL**
STREET ADDRESS **1712 S. ACADIAN DR.**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **PD** ☒ Change ☐ Addition
NAME **FERNANDEZ, GABRIEL**
STREET ADDRESS **206 VIA TUSCANY LOOP**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **VD** ☐ Delete
NAME **AYBAR, TOMAS**
STREET ADDRESS **106 BLOOMFIELD DR #1514**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VD** ☒ Change ☐ Addition
NAME **AYBAR, TOMAS**
STREET ADDRESS **368 VIA TUSCANY LOOP**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

01-10-03

CR2E034 (10/02)