

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-24-2002 90030 010 ***150.00

DOCUMENT # P97000042555

1. Entity Name
MI RANCHITO MEAT MARKET INC.

Principal Place of Business
744 BLUFORD AVE.
OCOE FL 34761

Mailing Address
744 BLUFORD AVE.
OCOE FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3446663

Applied For
☐ Not Applicable

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

MUNGUIA, LEONEL
75 SIESTA KEY DR.
OCOE FL 34761

Name **Munguia Leonel**
 Street Address (P.O. Box Number is Not Acceptable)
301 Wurst Rd
 City **Ocoee FL 34761** FL Zip Code **34761**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 **PDST** ☐ Delete
 NAME **MUNGUIA, LEONEL**
 STREET ADDRESS **75 SIESTA KEY CT**
 CITY-ST-ZIP **OCOE FL 34761**

TITLE **PDST** ☒ Change ☐ Addition
 NAME **Munguia Leonel**
 STREET ADDRESS **301 Wurst Rd**
 CITY-ST-ZIP **Ocoee, FL 34761**

TITLE **SDST** ☐ Delete
 NAME **MUNGUIA, OLGA**
 STREET ADDRESS **75 SIESTA KEY CT**
 CITY-ST-ZIP **OCOE FL 34761**

TITLE **SDST** ☒ Change ☐ Addition
 NAME **Munguia Olga**
 STREET ADDRESS **301 Wurst Rd**
 CITY-ST-ZIP **Ocoee FL 34761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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)(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 11 or Block 12 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 #

CR2004 (9/01)