

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000100783**

1. Entity Name

E & M WEST INDIAN AMERICAN GROCERY, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90108 032 ***150.00

Principal Place of Business

**6110 N.W. 17TH COURT
SUNRISE FL 33313**

Mailing Address

**6110 N.W. 17TH COURT
SUNRISE FL 33313**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0787418**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MING, HORTENSA
6110 N.W. 17TH COURT
SUNRISE FL 33313****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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

(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, 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**

TITLE NAME	D <input type="checkbox"/> Delete MING, HORTENSA
STREET ADDRESS CITY-ST-ZIP	6110 N.W. 17TH COURT SUNRISE FL 33313
TITLE NAME	D <input type="checkbox"/> Delete MING, EARL
STREET ADDRESS CITY-ST-ZIP	6110 N.W. 17TH COURT SUNRISE FL 33313
TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Hortense Ming*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/1/01

Date

584-4120

Daytime Phone #

CR2E034 (10/00)