

5/12/2002-90552-050-\$150.00-\$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -4 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0260194 AV

DOCUMENT # **P97000109079**
1. Entity Name
GREENWICH FOOD SHOP CORP.

Principal Place of Business Mailing Address
1465 N.E. 121 ST. STE 114 **1465 N.E. 121 ST. STE 114**
NORTH MIAMI FL 33161 **NORTH MIAMI FL 33161**

2. Principal Place of Business 3. Mailing Address
1465 NE 121 ST **1465 NE 121 ST**
Suite, Apt. #, etc. **Suite 114** Suite, Apt. #, etc. **Suite 114**

City & State City & State
N. MIAMI FL **N. MIAMI FL**
Zip **33161** Country **FL** Zip **33161** Country **FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0824811** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MACIAS, MARTHA
8525 S.W. 152 AVE. #276
MIAMI FL 33183

7. Name and Address of New Registered Agent
Name **Martina Macias**
Street Address (P.O. Box Number is Not Acceptable)
1465 N.E. 121 ST Suite 114
City **N. MIAMI** FL Zip Code **33161**

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 *Martina Macias* DATE **5/31/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D MACIAS, OSWALD B 8525 S.W. 152 AVE. #276 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACIAS, MARTHA 8525 S.W. 152 AVE. #276 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **5/31/2002** DAYTIME PHONE # **(305) 895-7250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martina Macias

CR2E004 (9/01)