

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000001163**

1. Entity Name

LA GUADALUPANA STORE, INC.**FILED****Sep 08, 2000 8:00 am**
Secretary of State

09-08-2000 90008 021 ***150.00

Principal Place of Business

**4960 US HWY #1
VERO BEACH FL 32962**

Mailing Address

**4960 US HWY #1
VERO BEACH FL 32962**

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 **65-0807531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****GOMEZ, JESUS
4960 US HWY #1
VERO BEACH FL 32962****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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **GOMEZ, JESUS**
STREET ADDRESS **8325 97TH CT**
CITY-ST-ZIP **VERO BEACH FL 32967**TITLE **D** ☐ Delete
NAME **GOMEZ, ELIDA**
STREET ADDRESS **8325 97TH CT**
CITY-ST-ZIP **VERO BEACH FL 32967**TITLE **D** ☐ Delete
NAME **CENDEJAS, UBALDO**
STREET ADDRESS **8766 102NE CT**
CITY-ST-ZIP **VERO BEACH FL 32967**TITLE **D** ☐ Delete
NAME **CENDEJAS, VITALINA**
STREET ADDRESS **8766 102NE CT**
CITY-ST-ZIP **VERO BEACH FL 32967**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DT#0980W001163
DW84530

Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

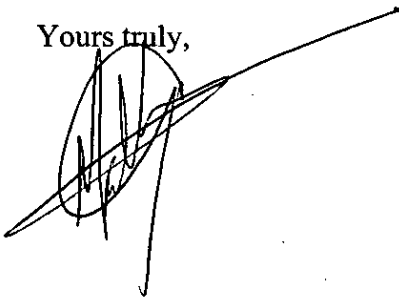
Gudulupana Store
4690 US # 1
Vero Beach, FL 32960

Dear Sirs/Madame:

We received your request for payment for our annual filing fees for Florida corporations. We need to inform you we did not receive the first mailing, so we are only paying the regular \$150 amount with check # 3500 which is enclosed. We can not explain why we did not receive the first notice to file on time.

So please accept our payment and thank you for your consideration. Please call Gerardo Martinez at 561-778-0056 if any assistance is needed.

Yours truly,

A handwritten signature in black ink, consisting of a series of vertical and diagonal strokes, followed by a long horizontal line extending to the right.