FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am DOCUMENT # P98000001163 **Secretary of State** LA GUADALUPANA STORE, INC. 01-31-2001 90196 027 ***150.00 Principal Place of Business Mailing Address 4960 US HWY #1 4960 US HWY #1 VERO BEACH FL 32962 VERO BEACH FL 32962 The same of the sa 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0807531 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMEZ, JESUS Street Address (P.O. Box Number is Not Acceptable) 4960 US HWY #1 VERO BEACH FL 32962 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change GOMEZ, JESUS NAME NAME STREET ADDRESS 8325 97TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 ☐ Delete NAME GOMEZ, ELIDA NAME STREET ADDRESS 8325 97TH CT STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CENDEJAS, UBALDO NAME STREET ADDRESS 8766 102NE CT STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CENDEJAS, VITALINA NAME NAME STREET ADDRESS 8766 102NE CT STREET ADDRESS CITY-ST-ZIE VERO BEACH FL 32967 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS 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