

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002124

1. Entity Name

LA ESTRELLA GROCERY STORE, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90130 049 ***150.00

Principal Place of Business

850 S. 21ST STREET
FORT PIERCE FL 34950

Mailing Address

850 S. 21ST STREET
FORT PIERCE FL 34950-4883

2. Principal Place of Business

702 SOUTH 25TH ST

3. Mailing Address

702 SOUTH 25TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FORT PIERCE FL

City & State

FORT PIERCE FL

4. FEI Number

65-0810152

Applied For

Not Applicable

Zip

34950

Country

US

Zip

34950

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CENDEJAS, LUZ M
850 S. 21ST STREET
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

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

702 SOUTH 25TH ST

City

FORT PIERCE

FL

Zip Code

34950

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, 2000 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 D ☐ Delete
NAME CENDEJAS, SALVADOR G
STREET ADDRESS 1204 SOLTMAN AVENUE
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE D ☐ Delete
NAME CENDEJAS, LUZ M
STREET ADDRESS 1204 SOLTMAN AVENUE
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME CENDEJAS, SALVADOR M
STREET ADDRESS 1204 SOLTMAN AVE
CITY-ST-ZIP FORT PIERCE FL 34950

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

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

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:

Salvador Cendeyas President

4-8-2000

Date

Daytime Phone #

CR2E034 (9/99)