

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90052 046 ***150.00

DOCUMENT # P98000024766

1. Entity Name

EL BODEGON GROCERY INC.

Principal Place of Business

Mailing Address

4545 FOREST HILL BLVD

4545 FOREST HILL

11

11

W. PALM BEACH FL 33415

W. PALM BEACH FL 33415

2. Principal Place of Business

4704 FOREST HILL BLVD

3. Mailing Address

4704 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33415

Country

Zip

33415

Country

4. FEI Number

65-0821854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTIZ, CARLOS M

4545 FOREST HILL BLVD

W. PALM BEACH FL 33415

Name

ORTIZ, CARLOS M.

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

4704 FOREST HILL BLVD

City

WEST PALM BEACH

FL

Zip Code

33415

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

Carlos M. Ortiz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-02

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 ☐ Delete
NAME **D**
STREET ADDRESS **ORTIZ, CARLOS**
CITY-ST-ZIP **888 BIRCHWOOD WAY**
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **ORTIZ, CARLOS**
CITY-ST-ZIP **14930 HORSESHOE TRACE**
Wellington, FL 33414

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RINCON, GLORIA P**
CITY-ST-ZIP **4812 CHERRY ROAD**
WEST PALM BEACH FL 33417

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **RINCON, GLORIA P**
CITY-ST-ZIP **10778 Hidden Bend way.**
Wellington, FL 33414

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RINCON, GUILLERMO A**
CITY-ST-ZIP **4812 CHERRY ROAD**
WEST PALM BEACH FL 33417

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **RINCON, GUILLERMO A**
CITY-ST-ZIP **12260 OLD COUNTRY RD**
Wellington, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Carlos M. Ortiz
CARLOS M. ORTIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-02

Date

(561) 9672121

Daytime Phone #

CR2E034 (9/01)