

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037995

1. Entity Name

TIENDA MEXICANA MISCELANEA, CORP.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90161 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

244 NE 13 STREET  
 DELRAY BEACH FL 33444

244 NE 13 STREET  
 DELRAY BEACH FL 33444-4160

2. Principal Place of Business

3. Mailing Address

2033 N.E. 3 AVENUE

Suite, Apt. #, etc.

DELRAY BEACH FL

City & State

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0832304

Applied For

Not Applicable

Zip

Country

33444

1

Zip

Country

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

GONZALEZ, ANDRES B

244 NE 13 STREET

DELRAY BEACH FL 33444

Name

2033 N.E. 3 AVENUE

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

DELRAY BEACH FL

33444

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

X ANDRES GONZALEZ

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

(NOTE: Registered Agent signature required when reinstating)

2/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME GONZALEZ, ANDRES B  
 STREET ADDRESS 244 NE 13 STREET  
 CITY-ST-ZIP DELRAY BEACH FL 33444

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
 NAME GONZALEZ, NELIDA  
 STREET ADDRESS 244 NE 13 STREET  
 CITY-ST-ZIP DELRAY BEACH FL 33444

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change

☐ 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: X

ANDRES GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

(561) 276-6958

Daytime Phone #

CF 034 (1/99)