

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000046182

1. Entity Name

DE JESUS SUPERMARKET INC

FILED

00 JUL 10 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2991 MICHIGAN AV

Mailing Address

1045 SHAWNDA LANE

KISSIMMEE FL 34744

KISSIMMEE FL 34744

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

59-3514921

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

ISMAEL DE JESUS  
1045 SHAWNDA LANE  
KISSIMMEE FL 34744

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DE JESUS ISMAEL  
1045 SHAWNDA LANE  
KISSIMMEE FL 34744

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003329192--1  
-07/20/00--01013--018  
\*\*\*\*350.00 \*\*\*\*350.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DE JESUS ROSA VP  
1045 SHAWNDA LANE  
KISSIMMEE FL 43744

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISMAEL DE JESUS

Date

Daytime Phone #

CR2E034 (9/99)