

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055276

1. Entity Name

LOS COMPADRES MEAT MARKET & GROCERY STORE INC. ✓

Principal Place of Business

712 EAST MYERS BOULEVARD
MASCOTTE FL 34753
US

Mailing Address

712 EAST MYERS BOULEVARD
MASCOTTE FL 34753
US

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

59-3533051

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

RANGEL, RIGOBERTO
2 EAST PLANT STREET
WINTER GARDEN FL 34787

Name

LUIS A. SANTIAGO

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

2564 ROBERT TRENT JONES DR. #1315

City

ORLANDO

FL

Zip Code

32835

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.

LUIS A. SANTIAGO

7/15/2000

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☒ Delete
NAME RANGEL, RIGOBERTO
STREET ADDRESS 2 EAST PLANT STREET
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE PD ☐ Change ☒ Addition
NAME SANTIAGO, LUIS A.
STREET ADDRESS 2564 ROBERT TRENT JONES DR. #1315
CITY-ST-ZIP ORLANDO FL 32835

TITLE SD ☒ Delete
NAME RANGEL, ALBERTO
STREET ADDRESS 2 EAST PLANT STREET
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE TD ☒ Delete
NAME TORRES, JOHN
STREET ADDRESS 2 EAST PLANT STREET
CITY-ST-ZIP WINTER GARDEN FL 34787

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2000

Date

(352) 429-8052

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90045 008 ***600.00