

2001 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

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MASCOTTE, FL

City & State

MASCOTTE, FL

4. FEI Number

59-3533051

Applied For

Not Applicable

Zip

34753

Country

LAKE

Zip

34753

Country

LAKE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, LUIS

2564 ROBERT TRENT JONES DR #1315
ORLANDO FL 32835

7. Name and Address of New Registered Agent

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

05/01/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SANTIAGO, LUIS
STREET ADDRESS 2564 ROBERT TRENT JONES DR #1315
CITY-ST-ZIP ORLANDO FL 32835

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

LUIS A. SANTIAGO

Date

5/01/01

Daytime Phone #

(352) 429 8052

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90003 010 ***550.00

A0074441



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)