

2000 UNIFORM BUSINESS REPORT (UBR)

0227749

DOCUMENT # P98000090650

1. Entity Name

MINI SUPER SUPERMARKET, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 PM 1:07

Principal Place of Business
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Mailing Address
2300 CORAL WAY
SUITE 200
MIAMI FL 33145-3511

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number 65-0870668
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

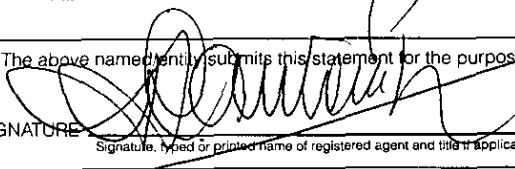
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICE, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Name
Street Address (P.O. Box Number is Not Acceptable)
3000003136703-7
-02/16/00--01010--009
City ***150.00 FL ***150.00

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  AMADA CANTERA LOPEZ, PRES. 2/8/00
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIANO, MATEO		NAME	REYNA, RODOLFO	
STREET ADDRESS	1350 W. 46 ST. #203		STREET ADDRESS	62 West 42th Street	
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, LAURA		NAME	REYNA, RODOLFO	
STREET ADDRESS	1350 W. 46 ST. #203		STREET ADDRESS	62 West 42th Street	
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDENO, GEORGINA		NAME	GONZALEZ, LYAN	
STREET ADDRESS	7424 W 32ND LANE		STREET ADDRESS	1201 N.E. 191th Street, #109	
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP	Miami Beach, FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARVAEZ, YADER		NAME	GONZALEZ, LYAN	
STREET ADDRESS	7424 W 32ND LANE		STREET ADDRESS	1201 N.E. 191th Street, #109	
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP	Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  2/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)