

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 41966

1. Entity Name

West Market, Corp.

Principal Place of Business

Mailing Address

7380 West 20th Ave.  
Hialeah, Fla. 33016

2. Principal Place of Business

same as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

W-0920 132

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Felix Gabriel Rosario  
7380 W. 20 Ave #101  
Hialeah, Fla. 33016

7. Name and Address of New Registered Agent

Name Felix Gabriel Rosario

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

7380 W. 20 Ave. #101

City Hia-Fla. FL Zip Code 33016

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

4-29-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P/0 Felix Gabriel Rosario  Delete  
NAME  
STREET ADDRESS 8605 S.W. 128th  
CITY-ST-ZIP MIAMI, Fla. 33182

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addit.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/T Rosario Maria C.  Delete  
NAME  
STREET ADDRESS 7380 W. 20 Ave. Hia-Fla.  
CITY-ST-ZIP 33016

TITLE  Change  Addit.  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addit.  
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CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addit.  
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 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

4/29-01

Date:

Daytime Phone #