

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2001 90061 010 ***150.00

DOCUMENT # **P990000 41966**

1. Entity Name

West Market, Corp.

Principal Place of Business

Mailing Address

**7380 West 20th Ave.
Hialeah, Fla. 33016**

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2. Principal Place of Business

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0920132

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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) ☐

FILE NOW! 11:00 AM
MAY 1, 2001 Fee: \$100
Check Payable to: Department of Banking and Finance

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 **PR** **Felix Gabriel Rosario** ☐ Delete
NAME
STREET ADDRESS **6605 S.W. 12th St.**
CITY-ST-ZIP **Miami, Fla. 33182**

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

TITLE **VP** **Rosario Maria C.** ☐ Delete
NAME
STREET ADDRESS **7380 W. 20 Ave. Hia. Fla.**
CITY-ST-ZIP **33016**

TITLE ☐ Change ☐ Additi
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CITY-ST-ZIP

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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 #