APR-30-03 07:39 PM FENANDO RUIZ 407

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91904 046 ***150.00

DOCUMENT # P99000050257

1. Entity Name
EL MERCADito GROCERY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 899 E SEMORAN BLVD
Suite, Apt #, etc.
City & State: APOPKA, FL
Zip: 32703
Country: ORANGE

3. Mailing Address: 899 E SEMORAN BLVD
Suite, Apt #, etc.
City & State: APOPKA, FL
Zip: 32703
Country: ORANGE

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4. FEI Number: 59-3581815 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: IVAN OLIMON
Street Address (P.O. Box Number is Not Acceptable): 899 E Semoran BLVD
City: Apopka FL Zip Code 32703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Ivan Olimon	NAME	
STREET ADDRESS	899 E Semoran BLVD	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	ELSA OLIMON	NAME	
STREET ADDRESS	899 E Semoran BLVD	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Ivan Olimon 4/29/03 407-889-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #