

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000086309**

1. Entity Name

J&R Food Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1133 East Vine Street

Suite, Apt. #, etc.

3. Mailing Address
2846 Woodsmere Court

Suite, Apt. #, etc.

City & State
Kissimmee, Florida

City & State
Kissimmee, Florida

Zip
34744

Country
USA

Zip
34746

Country
USA

4. FEI Number
52-2374765

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Pedro A. Caba**

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

2846 Woodsmere Court

City **Kissimmee**

FL Zip Code
34746

**DO NOT WRITE
IN THIS SPACE**

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

Pedro A. Caba
Signature, typed or printed name of registered agent and title if applicable.

PEDRO A. CABA, PRESIDENT

09/05/2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Pedro A. Caba
2846 Woodsmere Court, Kissimmee, FL 34746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pedro A. Caba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro A. Caba, President

09/05/2002 407-709-0593

DATE

Daytime Phone #

APPROVED
AND
FILED


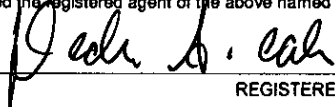
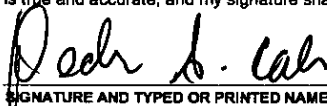
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-09/18/02--01032--025
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DO NOT WRITE IN THIS SPACE

CR2E0348 (12/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name J&R Food Center, Inc.			
2. Principal Office Address 1133 East Vine Street <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 2846 Woodsmere Court <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> Kissimmee, Florida		<small>City & State</small> Kissimmee, Florida	
<small>Zip</small> 34744	<small>Country</small> USA	<small>Zip</small> 34746	<small>Country</small> USA
4. Date Incorporated or Qualified To Do Business in Florida 09/27/1999		5. FEI Number 52-2374765	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		<small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
<small>Name</small> Pedro A. Caba			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 1133 East Vine Street			
<small>Suite, Apt. #, Etc.</small>			
<small>City</small> Kissimmee		<small>State</small> FL	<small>Zip Code</small> 34744
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
<small>Signature of Registered Agent</small> 		<small>Date</small> 09/05/2002	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
Pres.	Pedro A. Caba	2846 Woodsmere Court	Kissimmee, Florida 34746
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		09/05/2002 (407) 709-0593	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E081 (9/01)

**J&R Food Center, Inc.
DBA La Isla Food Center, Inc**

5 September 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

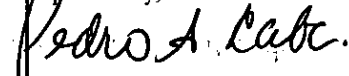
Dear Sir or Madam:

Please accept this letter as a request to have the \$600 reinstatement fee waived. I was unaware that a uniform business report had to be filed annually. Also we are requesting a waiver due to non-receipt of the previously filed uniform business reports.

I would greatly appreciate your approval of the waiver as I am a minority small business owner. I have enclosed the \$450.00 fee the examiner I spoke to over the phone on the 3rd of September, indicated I would need to pay to be reinstated. I have also included an additional \$8.75 to obtain a Certificate of Status. Please forward the Certificate to my home address at: 2846 Woodsmere Court, Kissimmee, Florida 34746.

Should you have any questions, please do not hesitate to call me at 407-709-0593 or at the business phone number 407-931-3996. Thank you for your time.

Respectfully,


Pedro A. Caba, President

RECEIVED
DIVISION OF CORPORATIONS
SEP 10 2002
TALLAHASSEE, FLORIDA