2000 UNIFORM BUSINESS REPORT (UBR)

5/4/00-90105-039-\$150.00-\$150.00

DOCUMENT # P9900095621. 1. Entity Name ZUBI SUPERMARKET, INC.						SEC	FILE RETARY OF CO	D OF STA	TE TIONS		
Principal Place of Business Mailing Address						. 00	13 NUL	AM 9:	51		
2450 SW 137 / MIAMI FL 33179		2450 SW 137 AVE SUITE 226 MIAMI FL 33182-1922									
2. Principal P	ace of Business	3. Mailing Address	Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4 FE Momber 44000 Applied For Not Applicable						
Zip	Country Zip Co		Country		5. Certifi	cate of Statu	is Desired		75 Add	litional	
	6. Name and Address of Current I	Registered Agent			7. Name	and Addres	s of New Regi	stered Age	int		
ZUBIGARAY, 183E A 2698 GW 197 AVE MIAMI FL 33175 Name P Plaistered Alent (N Strept Address (P.O. Box Number is Not Acceptable) Site 7746 City Michael FL Zipegebor								inc.			
8. The above named entity submit his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, 1998 or printip name of registered agent and life is applicable. (NOTE: Registered Agent signature required when reinstaing) DATE											
Tax filing re	vation is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat			te	Trust Fund	ampaign Financ Contribution.		Added	May Be to Fees	
11.	OFFICERS AND I		12.	10-	ADDITIO	ONS/CHANC	SES TO OFFICE			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUBIGARAY, JOSE A 2688 SW 137 AVE MIAMI FL 33175	☐ Delete	NAME STREET ADORESS CITY-ST-ZIP	Zi,	ybiga iam	aran J. H	331	id. 15] Change	A AUGUST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zubigaray, Ibia 2688 SW 137 AVE Miami Fl 33175	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Sign 88 S	ray	, Ibia	ر افر افر] Changê	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
- TITLE = NAME STREET ADDRESS CITY-ST-ZIP	and the second of the second o	Delete	NAME STREET ADDRESS CITY-ST-ZIP		- 18 - E	ark-den · ·]_Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
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 receiper or trustee empowered to execute this report as required by Chapter 507, 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.											