

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098186

1. Entity Name

MILAGROSA BONITA GROCERY, INC.

Principal Place of Business

Mailing Address

27050 OLD 41 RD c/o BORRO TAX ASSOC.
BONITA SPRINGS, FL 34135 2408 LINWOOD AVE STE 8
NAPLES, FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0959983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GARCIA, LUISA

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

27050 OLD 41 RD

City

BONITA SPRINGS

FL

Zip Code

34135

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

Luisa Garcia

(NOTE: Registered Agent signature required when reinstating)

8-4-2000

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P/S/T/D

☐ Delete

NAME

GARCIA, LUISA

STREET ADDRESS

451 CAIRE DR MT B

CITY-ST-ZIP

NAPLES, FL 34103

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luisa Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-00

Date

Daytime Phone #

CR2E034 (9/99)