

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91477 045 \*\*\*158.75

**DOCUMENT # P99000105017**

**1. Entity Name**  
**MI PUEBLO SUPERMARKET, INC.**

**Principal Place of Business**  
**2403 WEST OKEECHOBEE ROAD**  
**HIALEAH FL 33013**

**Mailing Address**  
~~PEREZ BEHAR & ASSOC. P.A.~~  
~~13935 N.W. 1ST AVENUE~~  
~~MIAMI FL 33168~~



**2. Principal Place of Business**

**3. Mailing Address**

**2403 W Okeechobee Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Hialeah FL**

**4. FEI Number 65-0963462**

**Applied For**  
**Not Applicable**

**Zip**

**Country**

**Zip 33010**

**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**

**PEREZ, BEHAR & ASSOCIATES, P.A.**  
~~13935 N.W. 1ST AVENUE~~  
~~MIAMI FL 33168~~

**Name WENDY FLYNN**

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

**2403 West Okeechobee Road**

**City Hialeah**

**FL Zip Code 33010**

**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** **WENDY FLYNN** **4/17/2002**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                             |  |
|-----------------------|-----------------------------|--|
| <b>TITLE</b>          | <b>DP</b>                   | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | <b>RODRIGUEZ, NILIA</b>     |  |
| <b>STREET ADDRESS</b> | <b>17035 NW 78TH AVENUE</b> |  |
| <b>CITY-ST-ZIP</b>    | <b>MIAMI FL 33015</b>       |  |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                             |  |
| <b>STREET ADDRESS</b> |                             |  |
| <b>CITY-ST-ZIP</b>    |                             |  |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                             |  |
| <b>STREET ADDRESS</b> |                             |  |
| <b>CITY-ST-ZIP</b>    |                             |  |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                             |  |
| <b>STREET ADDRESS</b> |                             |  |
| <b>CITY-ST-ZIP</b>    |                             |  |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                             |  |
| <b>STREET ADDRESS</b> |                             |  |
| <b>CITY-ST-ZIP</b>    |                             |  |

|                       |                             |  |
|-----------------------|-----------------------------|--|
| <b>TITLE</b>          | <b>Officer</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Rodriguez Nilia</b>      |  |
| <b>STREET ADDRESS</b> | <b>17035 NW 78th Ave</b>    |  |
| <b>CITY-ST-ZIP</b>    | <b>Miami FL 33015</b>       |  |
| <b>TITLE</b>          | <b>DP</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | <b>WENDY FLYNN</b>          |  |
| <b>STREET ADDRESS</b> | <b>17035 NW 78th Avenue</b> |  |
| <b>CITY-ST-ZIP</b>    | <b>Miami Florida 33015</b>  |  |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                             |  |
| <b>STREET ADDRESS</b> |                             |  |
| <b>CITY-ST-ZIP</b>    |                             |  |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                             |  |
| <b>STREET ADDRESS</b> |                             |  |
| <b>CITY-ST-ZIP</b>    |                             |  |
| <b>TITLE</b>          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                             |  |
| <b>STREET ADDRESS</b> |                             |  |
| <b>CITY-ST-ZIP</b>    |                             |  |

**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:** **WENDY FLYNN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** **Pin. 1-7-02 305-688-9694** **Daytime Phone #**

CR2E034 (9/01)