2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am
Secretary of State
05-23-2001 90020 015 ***150.00

DOCUMENT # S71362

1. Entity Name
LA TROCHA SUPERMARKET, INC.

Principal Place of Business
12073 & 12075 W OKEECHOBEE RD
HIALEAH GARDENS FL 33016-2919

Mailing Address
12073 & 12075 W OKEECHOBEE RD
HIALEAH GARDENS FL 33016

659838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20251SW 198 AVE	20251 SW 198 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI. FL
Zip: 33187 Country:	Zip: 33187 Country:

4. FEI Number 65-0276306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEFELER, GEORGE
150 W FLAGLER ST
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

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, 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

TITLE	PD	☐ Delete
NAME	GUIZAZOLA, FERNANDO	
STREET ADDRESS	10740 SW 49 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☐ Delete
NAME	GONZALEZ, MANUEL	
STREET ADDRESS	12073 & 12075 W	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: Manuel Gonzalez 04-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONFIRMATION REPORT

PHONE NUMBER	DATE-&-TIME	DURATION	TX/RX	PAGE	RESULTS
	APR 30 14:36	01/10	RX	02	OK