

2000 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT # V02302

Entity Name

NORMANDY SUPERMARKET, INC.

FILED

00 JUL 17 AM 10:04

SECRETARY OF STATE
TREASURY DEPT. FLORIDA

Principal Place of Business Mailing Address
969 NORMANDY DRIVE
MIAMI BEACH, FLORIDA 33141 SAME

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 65-0341438
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALCANTARA, ALDO
969 NORMANDY DRIVE
MIAMI BEACH, FLORIDA 33141

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP
DVPs ALCANTARA, ALDO 969 NORMANDY DR MIAMI BEACH, FL 33141
DP ALCANTARA, ALDO I. 969 NORMANDY DR MIAMI BEACH, FL 33141

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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 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: _____ ALDO ALCANTARA 5/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TS
06/09/00 90218 036 150.00

RAFAEL A. AZAN

Certified Public Accountant

MEMBER: AMERICAN AND FLORIDA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS

PLAZA PROFESSIONAL BUILDING -
7950 WEST FLAGLER STREET, SUITE 101
MIAMI, FLORIDA 33144
(305) 266-8800

July 13, 2000

Florida Department of State
Annual Reports Section
P O Box 6327
Tallahassee, Florida 32314

RE: NORMANDY SUPERMARKET, INC. - #V03202

Dear Sir/Madam:

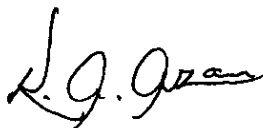
In response to your letter dated June 16, 2000 please be informed that on May 1, 2000 a check for \$150.00 was mailed to your office with a letter explaining that payment of the 2000 Uniform Business Report was being made without the form because it had not been received to date. We then received your letter dated May 16, 2000 acknowledging receipt of the check for \$150.00 and requesting that an enclosed annual report/uniform business report form enclosed be completed and resubmitted. On May 30, 2000 we resubmitted the report as instructed in your letter (see copies attached).

Subsequent to that correspondence we received your letter dated June 16, 2000 which seems to us to be a duplicate request that might have been written before you processed our report mailed to you on May 30, 2000.

We trust that the above information will help you resolve this matter. If you have any questions please let us know.

Thank you for your cooperation.

Sincerely,



Cc: Normandy Supermarket, Inc.
Encls.