

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90032 041 ***158.75

DOCUMENT # V40267

1. Entity Name
CLARA'S CONVENIENCE STORE, INC.

Principal Place of Business

**50 WEST MOWRY
 SUITE 4
 HOMESTEAD FL 33030**

Mailing Address

**P. O. BOX 900204
 HOMESTEAD FL 33090
 US**

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 **65-0338227**

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

**CHAVARRIA, ROGER M.
 50 WEST MOWRY
 SUITE 4
 HOMESTEAD FL 33030**

*Chavarria Roger M.
 50 West Mowry
 Suite # 4
 Homestead, FL 33030*

Name **Roger M. Chavarria**
 Street Address (P.O. Box Number is Not Acceptable)
50 West Mowry Suite # 4
Homestead
 City **FL** Zip Code **33030**

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 *Roger M. Chavarria*

03/08/2002

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
 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** ☐ Delete
 NAME **CHAVARRIA, ROGER M.**
 STREET ADDRESS **15923 SW 303 TERR**
 CITY-ST-ZIP **HOMESTEAD FL 33030** *Same*

TITLE ☐ Change ☐ Addition
 NAME **Chavarria, Roger M**
 STREET ADDRESS **15923 SW 303 Terr**
 CITY-ST-ZIP **Homestead FL 33030**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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: *Roger M. Chavarria*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/2002 **247-7839**
(305) 245-0366.H
 Date Daytime Phone #

CR2E034 (9/01)