

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K28872**

1. Entity Name

GENERAL STORE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90107 044 ***150.00

Principal Place of Business

7920 NW 76TH AVE
 MEDLEY FL 33166
 US

Mailing Address

7920 NW 76TH AVE
 MEDLEY FL 33166-7513
 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

65-0080392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ED MANGONES
7920 NW 76TH AVENUE
MEDLEY FL 33166

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.

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	<input type="checkbox"/> Delete
NAME	PRESSOIR, LIONEL	
STREET ADDRESS	7920 NW 76TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	MANGONES, ED	
STREET ADDRESS	7920 NW 76TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAWKINS, MONIQUE P	
STREET ADDRESS	508 W LANCASTER AVE	
CITY-ST-ZIP	WAYNE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRESSOIR, ANNIE	
STREET ADDRESS	7920 NW 76TH AVENUE	
CITY-ST-ZIP	MEDLEY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATHON, LYDIE	
STREET ADDRESS	7920 NW 76TH AVE	
CITY-ST-ZIP	MEDLEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-00

Date

(305) 885-7670

Daytime Phone #

CR2E034 (9/99)