2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94023

1. Entity Name

SUPER KIDS BARGAIN STORE, INC.

Principal Place of Business

Mailing Address

FILED Mar 15, 2001 8:00 am Secretary of State

03-15-2001 90224 011 ***150.00

118-120 N MIAI MIAMI FL 3312 US			118-120 N MIAMI AVE MIAMI FL 33128-1826 US				UUU25639				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	4. FEI Number 65-0071453 Applied For Not Applicable				
Zip		Zip	try	5. Certificate of Status Desired							
		and Address of Current					Name and Address of New Registered Agent				
GINZBURG, SAUL 7901 BISCAYNE PT. CIR. MIAMI BEACH FL 33141					Street Address (P.O. Box Number i			Not Acceptab	ole)	*	
					City		· ·		FL	Zip Cod	e
SIGNATURE Signature, typed or printed name of registered agent and 1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00			10. Election Campaign Financing \$5.00 May Be				
11.	ria on back)	OFFICERS AND	Make Check Payat		partment of						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GINZBURG 7901 BISC MIAMI BEA	i, SAUL AYNE PT. CIRCLE	Delete Delete		· I	ADI	DITIONS/CHA	INGES TO OF	FICERS AND	DIRECTOR:	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINZBURG 7901 BISC MIAMI BEA	AYNE PT. CIRCLE	☐ Delete		l l					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dannon, 1875 NE 2 N Miami B	08 TERR	☐ Delete	•	1	*		الدعة بيائج العبد معتبر	· • • • • • • • • • • • • • • • • • • •	Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	•						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition .
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE					****	☐ 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 pe asur

3/6/01

Daytime Phone #

CRZEU34 (10/00)