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FILED
Mar 29, 2002 8:00 am
Secretary of State

02-04-2002 90109 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008769

1. Entity Name
BARGAIN MERCHANDISE INC.

Principal Place of Business
11996 GLENMORE DR
CORAL SPRINGS FL 33071

Mailing Address
11996 GLENMORE DR
CORAL SPRINGS FL 33071

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number
65-1073102

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
NUNEZ, ANGEL
11996 GLENMORE DR
CORAL SPRINGS FL 33071

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 _____
Signatures, 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, 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 **PRESIDENT** Delete
NAME **LUIS B. NUNEZ**
STREET ADDRESS **11996 GLENMORE DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **PRESIDENT** Change Addition
NAME **LUIS B. NUNEZ**
STREET ADDRESS **11996 GLENMORE DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VICE PRES** Delete
NAME **ANGEL NUNEZ**
STREET ADDRESS **11996 GLENMORE DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **VICE PRESIDENT** Change Addition
NAME **ANGEL NUNEZ**
STREET ADDRESS **11996 GLENMORE DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 information empowered.

SIGNATURE: ~~SIGNATURES REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2002 **385-556-7260**

Date Daytime Phone #

CR2E034 (9/01)