## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

MIAMI FL 33176

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

10579 SW. 109TH CT.

## P02000099435 DOCUMENT #

Country

1. Entity Name

KILLIAN DISCOUNT, INC.

Principal Place of Business

2. Principal Place of Business

10579 SW. 109TH CT. MIAMI FL 33176

Suite, Apt. #, etc.

City & State

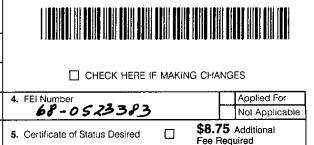
Zip



## FILED Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90080 032 \*\*\*150.00

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7. Name and Address of New Registered Agent 6.\_Name and Address of Current Registered Agent Name BRAVO, MAYRA Street Address (P.O. Box Number is Not Acceptable) 10579 SW. 109TH CT. **MIAMI FL 33176** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRAVO, MAYRA NAME NAME 10579 SW, 109TH CT, STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete .--TITLE --TITLE NAMĚ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

Country

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date