

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90145 010 \*\*\*150.00

**DOCUMENT # P95000016289**

1. Entity Name

~~U.S. 1 AMERICA'S INDOOR FLEA MARKET, INC.~~  
**U.S. 1 Discount Mall, Inc.**

Principal Place of Business

Mailing Address

18901 S. DIXIE HIGHWAY  
 MIAMI FL 33157

18901 S. DIXIE HIGHWAY  
 MIAMI FL 33157-7710

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0559083**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~AKAR, ERAS~~  
**AKAR, ERAS**  
 18901 S. DIXIE HIGHWAY  
 MIAMI FL 33157

Name - **Joseph Akar**  
 Street Address (P.O. Box Number is Not Acceptable)

**18901 South Dixie Hwy**  
 City **MIAMI** FL Zip Code **33157**

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. (See criteria on back)

**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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>AKAR, ERAS</del> <b>Joseph</b>	
STREET ADDRESS	<b>18901 S. DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>Akar, Joseph</b>	<input type="checkbox"/> Delete
NAME	<b>18901 S. Dixie Hwy</b>	
STREET ADDRESS	<b>MIAMI, FL 33157</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-00** (Date) **(205) 234-2828** (Daytime Phone #)