2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ac-

SIGNATURE:

Jan 24, 2001 8:00 am DOCUMENT # P95000016289 **Secretary of State** 1. Entity Name U.S. 1 DISCOUNT MALL, INC. 01-24-2001 90022 049 ***150.00 Principal Place of Business Mailing Address 18901 S. DIXIE HIGHWAY 18901 S. DIXIE HIGHWAY MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0559083 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AKAR, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 18901 S. DIXIE HIGHWAY **MIAMI FL 33157** 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 3R2E034 (10/00) Delete Change Addition TITLE TITLE AKAR, JOSEPH NAME NAME 18901 S. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE -Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ME OF SIGNING OFFICER OR DIRECTOR