

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90031 012 ***150.00

0284845

DOCUMENT # P99000037915

1. Entity Name
BARGAINTOWN USA, INC.

Principal Place of Business Mailing Address
8620 NW 77TH ST. **% S. KRUPAT**
TAMARAC FL 33321 **8108 HIBISCUS CIRCLE**
TAMARAC FL 33321

2. Principal Place of Business 3. Mailing Address
8620 NW 77th St **S. KRUPAT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
8108 Hibiscus Circle

City & State City & State 4. FEI Number Applied For
TAMARAC FL **TAMARAC FL** **65-0915653** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33321 **USA** **33321** **USA** **\$8.75**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____
Signature, 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, 2001 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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KRUPAT, SEYMOUR | |
| STREET ADDRESS | 10254 NORTHWEST 47TH STREET | |
| CITY-ST-ZIP | SUNRISE FL 33351 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FELKER, MICHAEL | |
| STREET ADDRESS | 10254 NORTHWEST 47TH STREET | |
| CITY-ST-ZIP | SUNRISE FL 33351 | |
| TITLE | VSTD | <input type="checkbox"/> Delete |
| NAME | FELKER, MELVIN | |
| STREET ADDRESS | 10254 NORTHWEST 47TH STREET | |
| CITY-ST-ZIP | SUNRISE FL 33351 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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)(f), 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 the empowered.

SIGNATURE: _____ Date: **4-5-2001** Daytime Phone #: **954-722-5446**

CR2E034 (10/00)