

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90139 015 ***150.00

DOCUMENT # P99000037915

1. Entity Name
BARGAINTOWN USA, INC.



Principal Place of Business
 8620 NW 77TH ST.
 TAMARAC FL 33321

Mailing Address
 % S. KRUPAT
 8108 HIBISCUS CIRCLE
 TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8108-HIBISCUS CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMARAC, FL

City & State

4. FEI Number **65-0915653**

Applied For
 Not Applicable

Zip
33321

Country
US

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRUPAT, SEYMOUR 10254 NORTHWEST 47TH STREET SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELKER, MICHAEL 10254 NORTHWEST 47TH STREET SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FELKER, MELVIN 10254 NORTHWEST 47TH STREET SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KRUPAT, SEYMOUR 8108-HIBISCUS CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FELKER, MICHAEL 8108-HIBISCUS CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIG. Seymour Krupat
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/24/02 Daytime Phone #: 954-726-4615

CR2E034 (4/02)

Bargaintown USA Inc

◆◆◆
8108 Hibiscus Circle ◆ Tamarac, Florida 33321
Phone 954 726 4619 ◆ Fax 954 720 2110 ◆ Email sykrupat@cs.com

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971086*

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

July 22, 2002

Gentlemen:

We are a small corporation with virtually no income or assets.

Early this year, I filed the Uniform Business Report on line. Frankly, we are not certain how the payment portion was taken care of. After a telephone call to your department today, we have been advised your department has no record of the on line registration or payment.

We would appreciate your accepting the check enclosed for \$150.00, the original amount due. Frankly we don't have much more in the bank.

Your cooperation would be appreciated.



S. Krupat, President