

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90409 035 ***150.00

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DOCUMENT # P99000056561

1. Entity Name
BARGAIN PROPERTIES, INC.



Principal Place of Business
**6700 SW 92 AVENUE
MIAMI FL 33173**

Mailing Address
**6700 SW 92 AVENUE
MIAMI FL 33173**

2. Principal Place of Business
489 Lucy St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 830683
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Florida City Florida

City & State
Miami, FLORIDA

Zip
33134

Country
U.S.A.

Zip
33283

Country
U.S.A.

4. FEI Number
65-0929528

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G
218 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/03** (305) 596 9713
Daytime Phone #

CR2E034 (10/02)