

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/7

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90059 025 \*\*\*150.00

DOCUMENT # P99000050271

1. Entity Name

1ST CONCEPT MERCHANDISE SUPPLIERS, INC.

Principal Place of Business

1837 OPA LOCKA BLVD  
MIAMI FL 33054

Mailing Address

PO Box 3240  
miami fl 33269

2. Principal Place of Business

1837 OPA LOCKA BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 3240

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLA

Zip

33054

Country

DADE

Zip

33269

Country

DADE

4. FEI Number

65-0923471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RANDOLPH Williams  
7851 JOHNSON ST APT #202  
Pembroke Pines FL 33024

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

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIAMS, RANDOLPH	
STREET ADDRESS	20225 N.W. 32 CT.	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	RANDOLPH Williams	<input type="checkbox"/> Delete
NAME	7851 JOHNSON ST	
STREET ADDRESS	Pembroke Pines FL 33024	
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		
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		
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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)(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:

RANDOLPH WILLIAMS PRESIDENT

Date

04.04.00 305 681 4220

Daytime Phone #

681 4220

CR2E034 (9/99)