2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 462048

1. Entity Name

Principal Place of Business

POPULAR DISCOUNT, INC.

		7500 NW 69 AVE MEDLEY FL 33166-2502			1 (80)() 81818 81818 11811 88111 81891	INIA NINA MINI	OLOGI OLOGI OLOG	ı A l u le 1881	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SF	PACE		
City & State		City & State		4. F	4. FEI Number 59-1571773			Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Dertificate of Status Desired		8.75 Addi	tional	
	6. Name and Address of Current F	legistered Agent	- 	7. N	lame and Address of New Re	gistered A	gent		
	-		Name						
DIAZ, ENRIQUE J 7500 NW 69 AVE MEDLEY FL 33166				Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code		
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent are praction is eligible to satisfy its Intangible	nd title if applicable. (NO	s registered office of TE: Registered Agent signations TEI TEE TEE	ure required when re	oinstating)	DATE			
Tax filing r	equirement and elects to do so.	11	000 Fee will be \$5	550.00 t of State	10. Election Campaign Fin. Trust Fund Contribution	ı.	Added	May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		DITIONS/CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAVIJO, EDUARDO A. 3541 FLAMINGO DR. MIAMI BEACH FL	⊠ Dek∉e	TITLE NAME STREET ADDRESS CITY-ST-ZIP		QUE J. OIAZ 5.W. 39 St.		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, REYNALDO 8101 N.W. 166 ST. MIAMI FL	⊠ Del⊮te	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR/ RAUL 12661	TREAS. MENESES N.W. 99 PL CORDENS. FL.		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, PRISCILA 8350 NW 167 TERR MIAMI FL	i≊ Dēl∌te	NAME STREET ADDRESS CITY-ST-ZIP				_	Addition-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleke	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
indicated of the co	certify that the information supplied with l on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that wered to execute this repor	my signature shall that as required by Cha	lave the same.	legal effect as it made under o	bath: that I ai	m an onicer	or director	

ENRIQUE J. DIAZ

FILED

Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90049 040 ***150.00

DUS-885-9774

Daytime Phone #