

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0206653

DOCUMENT # 496609

*1. Entity Name

=TRUE DISCOUNT, INC.

05-18-2001 91236 044 ***150.00

Principal Place of Business

5749 S.W. 40 STREET
 MIAMI FL 33155
 US

Mailing Address

7500 NW 69 AVE
 MEDLEY FL 33166

658207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1655291**

Applied For

Not Applicable

Zip

Country

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

TRIAY, CARLOS A

~~999 PONCE DE LEON BLVD #1110~~
~~GORAL CABLES FL 33134~~

Name

Street Address (P.O. Box Number is Not Acceptable)

10570 NW 27 Street

#103

City

Miami

FL

Zip Code

33172

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

5/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS DIAZ, ENRIQUE J
 CITY-ST-ZIP 10341 SW 37 ST 7500 NW 69 AVE
 MIAMI FL 33165 Medley, FL 33166

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME S
 STREET ADDRESS MENESES, RAUL
 CITY-ST-ZIP 12001 NW 99 ST 7500 NW 69 AVE
 HIALEAH FL 33018 Medley, FL 33166

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

ENRIQUE DIAZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01

Date

305-885-9774

Daytime Phone #

CR2E034 (10/00)

658207 Attachment #
496609

May 14, 2001.

TO WHOM IT MAY CONCERN:

The reason we had not send these Payments before were because the Person who handled these papers before, no longer works for this company. We recently found them and set them up for payment right away. We are sorry for the tardiness of these papers. And we promise that this will never happen again.

Thank You

Enrique Diaz



President