

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90145 028 ***150.00

DOCUMENT # 526646

1. Entity Name
PAY-LESS NO. 2, INC.



Principal Place of Business
**130 S.W. 1ST AVE.
DANIA FL 33004-3632**

Mailing Address
**130 S.W. 1ST AVE.
DANIA FL 33004-3632**

2. Principal Place of Business

3. Mailing Address

PO BOX 266166
Suite, Apt. #, etc.

PO BOX 266166
Suite, Apt. #, etc.

City & State
WESTON FL

City & State
WESTON FL

Zip
33326 Country
USA

Zip
33326 Country
USA

4. FEI Number
59-1723236

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SALAMON, ROBERT
130 S.W. 1ST AVE.
DANIA FL 33004**

7. Name and Address of New Registered Agent

Name
ROBERT BRIZEL
Street Address (P.O. Box Number is Not Acceptable)
**1021 1025 DAIRY ROAD
SUITE 220**
City
MIAMI FL Zip Code
33179

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

(NOTE: Registered Agent signature required when reinstating)

2/13/03
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDT
SALAMON, DIANE
130 S.W. 1ST AVE.
DANIA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SDT
SALAMON, DIANE
17530 SW 68 CT
SOUTHWEST RANCHES FL 33331** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SALAMON, ROBERT
130 S.W. 1ST AVE.
DANIA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SALAMON, ROBERT
17530 SW 68 CT
SOUTHWEST RANCHES FL 33331** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

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

2/13/03 9544342154
Date Daytime Phone #

CR2E034 (10/02)