

DOCUMENT # 616541

1. Entity Name

I.B.S. FLEA MARKETS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90075 039 ***150.00

Principal Place of Business

Mailing Address

190 N. E. 199TH ST. #203
33179 MIAMI BEACH FL 33179
US

190 N. E. 199TH ST. #203
N MIAMI BEACH FL 33179
US

2. Principal Place of Business

3. Mailing Address

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

SUITE 302

City & State
DAVIE, FL

City & State
DAVIE, FL

Zip
33328

Country
US

Zip
33328

Country
US

4. FEI Number **59-1907123**

Applied For

Not Applicable

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

FREEDMAN, STEVEN J
190 NE 199TH ST
STE 203
N. MIAMI BEACH FL 33179

Name **FREEDMAN, STEVEN J.**

Street Address (P.O. Box Number is Not Acceptable)
5400 S. UNIVERSITY DRIVE

SUITE 302

City **DAVIE**

FL

Zip Code
33328

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

Steven J. Freedman, **STEVEN J. FREEDMAN, PRESIDENT** **1/3/01**

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, 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 **P** ☐ Delete
NAME **FREEDMAN, STEVEN J.**
STREET ADDRESS **10121 N.W. 10TH ST.**
CITY-ST-ZIP **PLANTATION FL**

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

TITLE **VP** ☐ Delete
NAME **FREEDMAN, MIRIAM**
STREET ADDRESS **2125 NE 204TH ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

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

TITLE **T** ☐ Delete
NAME **FREEDMAN, BRUCE**
STREET ADDRESS **190 N.E. 199TH ST #204**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Steven J. Freedman, **STEVEN J. FREEDMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

1/3/01 **(954) 252-5652**
Date Daytime Phone #

CR2E034 (10/00)