

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000815

1. Entity Name

BARGAIN CITY STORES NO. 1, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business

1191 E. NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442

Mailing Address

1191 E. NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442-7708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

508 S. MILITARY TRAIL

Suite, Apt. #, etc.

20

3. Mailing Address

508 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip
33442

Country

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

4. FEI Number

65-0827732 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R ESQ
FIELDSTONE LESTER & SHEAR
200 S BISCAYNE BLVD., SUITE 2100
MIAMI FL 33131

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. Capital Contributions as Shown on record.

\$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000004422
NAME BARGAIN CITY STORE NO. 1, INC.
STREET ADDRESS 1191 E NEWPORT CENTER DRIVE, SUITE 209
CITY - ST - ZIP DEERFIELD BEACH FL 33442

13. ADDRESS CHANGES ONLY

STREET ADDRESS

508 S. MILITARY TRAIL

CITY - ST - ZIP

DEERFIELD BEACH, FL 33442

DOCUMENT #

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)