

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K28872**

1. Entity Name

GENERAL STORE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90107 044 ***150.00

Principal Place of Business

7920 NW 76TH AVE
 MEDLEY FL 33166
 US

Mailing Address

7920 NW 76TH AVE
 MEDLEY FL 33166-7513
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0080392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ED MANGONES
7920 NW 76TH AVENUE
MEDLEY FL 33166

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. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSOIR, LIONEL	NAME	
STREET ADDRESS	7920 NW 76TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	CITY-ST-ZIP	
TITLE	EVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGONES, ED	NAME	
STREET ADDRESS	7920 NW 76TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, MONIQUE P	NAME	
STREET ADDRESS	508 W LANCASTER AVE	STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSOIR, ANNIE	NAME	
STREET ADDRESS	7920 NW 76TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHON, LYDIE	NAME	
STREET ADDRESS	7920 NW 76TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-00

Date

(305) 885-7670

Daytime Phone #

CR2E034 (9/99)