

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94535

1. Entity Name

SALE STORES CORP.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90175 011 \*\*\*150.00

Principal Place of Business 16112 NW 13 AVE STE <del>B</del> MIAMI FL 33169 US	Mailing Address 16112 NW. 13 AVE STE <del>B</del> MIAMI FL 33169-5748 US
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2. Principal Place of Business 16112 NW 13 AVE Suite, Apt. #, etc. SUITE B	3. Mailing Address 16112 NW 13 AVE Suite, Apt. #, etc. SUITE B
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33169-5748	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0208117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANDMAN, BENJAMIN L 16112 NW. 13 AVE STE E MIAMI FL 33169	7. Name and Address of New Registered Agent Name LANDMAN, BENJAMIN L. Street Address (P.O. Box Number is Not Acceptable) 20680 NE 4th COURT, APT 206 City MIAMI FL Zip Code 33179
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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: BENJAMIN LANDMAN / PRESIDENT 2/7/00  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM LANDMAN, BENJAMIN L. 16112 NW. 13 AVE STE E MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/C/M LANDMAN, BENJAMIN L. 20680 NE 4th CT, APT 206 MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: BENJAMIN LANDMAN / PRESIDENT 2/7/00 305-624-1460  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #