

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94535**

1. Entity Name  
**SALE STORES CORP.**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90141 038 \*\*\*550.00

0062339 AV

Principal Place of Business

**16112 NW 13 AVE**

**STE B**

**MIAMI-FL 33169**

**US**

Mailing Address

**16112 NW 13 AVE**

**STE B**

**MIAMI-FL 33169**

**US**

2. Principal Place of Business

**99 NW 183 ST.**

Suite, Apt. #, etc.

**SUITE 210**

City & State

**MIAMI, FL**

Zip

**33169**

Country

**USA**

3. Mailing Address

**99 NW 183 ST.**

Suite, Apt. #, etc.

**SUITE 210**

City & State

**MIAMI, FL**

Zip

**33169**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0208117**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LANDMAN, BENJAMIN L**

**20680 NE 4TH COURT**

**APT 206**

**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**

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]* **BENJAMIN LANDMAN**

**PRESIDENT/CEO**

**7/28/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE **PTSC** ☐ Delete

NAME **LANDMAN, BENJAMIN L.**

STREET ADDRESS **20680 NE 4TH CT APT 206**

CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSC** ☒ Change ☐ Addition

NAME **LANDMAN, BENJAMIN L.**

STREET ADDRESS **20680 NE 4TH COURT, APT 206**

CITY-ST-ZIP **MIAMI, FL 33179**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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:

*[Signature]* **BENJAMIN LANDMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/01**

Date

**305-652-0442**

Daytime Phone #

CR2E034 (5/01)