

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90151 003 ***550.00

DOCUMENT # M00238

1. Entity Name
DAVE'S BARGAIN CENTER, INC.



Principal Place of Business
777 NW 72 ST
#1AA30
MIAMI FL 33126
US

Mailing Address
7748 NW 64 ST
MIAMI FL 33166
US



2. Principal Place of Business

2364 S.W. 13TH STREET

3. Mailing Address

2364 S.W. 13TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number 59-2413668

Applied For
Not Applicable

Zip
33145

Country
U.S. A

Zip
33145

Country
U.S. A.

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

LOWE, DAVID BRUCE
7748 NW 64TH ST
MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Bruce Lowe*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/01/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME LOWE, DAVID B.
STREET ADDRESS 7748 NW 64TH ST
CITY-ST-ZIP MIAMI FL 33166

TITLE PD ☒ Change ☐ Addition
NAME LOWE, DAVID B.
STREET ADDRESS 2364 S.W. 13TH STREET
CITY-ST-ZIP MIAMI, FL. 33145

TITLE D ☐ Delete
NAME LOWE, LENORE
STREET ADDRESS 1228 NW 122ND TERR
CITY-ST-ZIP PEMBROKE PINES 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
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Bruce Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/03 (305)264-2200
Date Daytime Phone #

CR2E034 (4/03)