## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M66364** 1. Entity Name

## FILED Jan 31, 2001 8:00 am Secretary of State

| BUDGET HARDWARE OF MIAMI, INC.   |  |               |   |              |                         |                 | 01-31-2001 90273 036 ***150.00 |  |               |          |                              |     |
|--|--|---------------|---|--------------|-------------------------|-----------------|--------------------------------|--|---------------|----------|------------------------------|-----|
|  |  |               | Mailing Address 1644 NE 2ND AVE MIAMI FL 33132                                  |              |                         |                 |                                |  |               |          |                              |     |
| 2 Principal S  | Nace of Business                               | <del></del>   | 3. Mailing Address  |              |                         |                 |                                |  |               |          |                              |     |
| 2. Principal Place of Business   |  |               | 1128 CEDAR FACE DE  |              |                         |                 |                                |  |               |          |                              |     |
| Suite, Apt. #, etc.  |  |               | Suite, Apt. #, etc.   |              |                         |                 |                                | DO NOT WRI   | TE IN THIS SP | ACE      |                              |     |
| City & State   |  |               | City & State Weston FL.   |              |                         |                 | 4. FE                          | Number <b>65-003005</b>                              | 5             |          | oplied For<br>ot Applicable  | }   |
| Zip  | Country  |               | 33327.  | Coun         | S.A                     | 5               | <b>5.</b> Ce                   | ertificate of Status Desired                         |               | 8.75 Add |                              |     |
|  | 6. Name and Address of Cu                      | rrent Re      | gistered Agent  |              |                         | 7               | 7. Na                          | me and Address of New F                              | legistered Ag | ent      |                              | ]   |
|  |  |               | <del></del>   |              | Name                    | 1A              | <del>υ</del> -                 | WEINS  | FRAT          | 10       | ـ سيد                        | -   |
| 2875   | ENTHAL, KERRY E<br>I N.E. 191 STREET, 8UTE 50  | _             |   |              | Street A                | deres (P        | Box                            | x Number is Not Acaeotably                           | PAILO         | 7        | R.                           | 1   |
| AVE  | NTURA EL 33180                                 | •             |   |              |                         | <u>, -0</u>     |                                | CC DAR 1   | 77113         | <u></u>  |                              | 1   |
| ~  |  |               |   |              | City,                   | JES             | L                              | a-1.al   | FL            | 27000    | シップ                          | 1   |
| 0 The shave  |  |               |   |              | <u>V</u>                |                 | <u> </u>                       | <u>ئي روي</u>  |               | 155.     | ) <u>/ (</u>                 | ┨   |
| s. The above   | named enfity submits this statem               | <b>27</b> 3   | erogroose of changing its   | registere    | ea onice or             | registered      | agen                           | it, or both, in the State of Fig                     | лоа.          |          |                              | ļ   |
| SIGNATURE  | taul tes                                       | inte          |   |              |                         | _               |                                | 2-0  | 9.01          | ·, _     |                              |     |
|  | Signature, typed or printed name of registered | d agent and t | itle if applicable. (NOTE   | : Registere  | d Agent signati         | re required who | en reins                       | stating)   | DATE          |          |                              |     |
| <ol> <li>This corporation is eligible to satisfy its Intangible<br/>Tax filling requirement and elects to do so.<br/>(See criteria on back)</li> </ol> |  |               | FILE NOW!!! FEE IS \$ After MAY 1, 2001 Fee will b Make Check Payable to Depart |              |                         | 50.00           |                                | 10. Election Campaign Fir<br>Trust Fund Contribution |               |          | <b>0</b> May Be<br>I to Fees |     |
| 11.  | OFFICERS                                       | •             |   | 12.          |                         |                 | ADDI                           | ITIONS/CHANGES TO OFF                                | ICERS AND C   | IRECTORS | S IN 11                      | 1   |
| TITLE  | DPS  |               | ☐ Delete  | TITLE        | :                       |                 |                                |  |               | Change   | Addition                     | 100 |
| NAME   | ( 1155 515111 11111 511                        |               |   | NAM          | _                       |                 |                                |  |               |          |                              | 1   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |               |   |              | ET ADDRESS<br>- ST- ZIP |                 |                                |  |               |          |                              | 100 |
| TITLE  |  |               |   |              |                         |                 |                                |  |               | Change   | Addition                     | 1 6 |
| NAME   | WEINTRAUB, SUZANNE                             |               | CT Delete   | TITLE<br>NAM |                         |                 |                                |  | L             | Change   | □ Addition                   | ٦   |
| STREET ADDRESS   | 1128 CEDAR FALLS DR                            |               |   | STRE         | et address              |                 |                                |  |               |          |                              | ì   |
| CITY-ST-ZIP  | WESTON FL 33327                                |               |   | CITY         | -ST-ZIP                 |                 |                                |  |               |          |                              |     |
| TITLE  | DVP  |               | Delete  | TITLE        |                         |                 |                                |  |               | ☐ Change | ■ Addition                   |     |
| NAME<br>STREET ADDRESS   | FRANCA, RAMON G.                               |               |   | NAM          |                         |                 |                                |  |               |          |                              | ļ   |
| CITY-ST-ZIP  | 4830 SW 93RD CT<br>MIAMI FL 33165              |               |   |              | ET ADDRESS<br>-ST-ZIP   |                 |                                |  |               |          |                              |     |
| TITLE  | Mawii I L 00100                                |               | ☐ Delete  | TITLE        |                         |                 |                                | <del></del>  |               | Change   | Addition                     | 1   |
| NAME   |  |               |   | NAM          |                         |                 |                                |  | _             | _ 0-     | _                            |     |
| STREET ADORESS   |  |               |   |              | ET ADDRESS              |                 |                                |  |               |          |                              | ĺ   |
| CITY-ST-ZIP  |  |               |   | 4            | ST-ZIP                  | <del></del>     |                                | <del></del>  |               |          |                              |     |
| TTLE   |  |               | ☐ Delete  | TITLE        |                         |                 |                                |  |               | ] Change | ☐ Addition                   |     |
| NAME<br>STREET ADDRESS   |  |               |   | NAMI<br>STRE | ET ADDRESS              |                 |                                |  |               |          |                              | l   |
| CITY-ST-ZIP  |  |               |   |              | ST-ZIP                  |                 |                                |  |               |          |                              |     |
| TITLE  | <del></del>                                    |               | ☐ Delete  | TITLE        |                         | <del></del>     |                                | <del></del>  | <br>Г         | Change   | ☐ Addition                   |     |
| IAME   |  |               |   | NAM          |                         | !<br>!          |                                |  | _             |          |                              |     |
| STREET ADDRESS   |  |               |   |              | ET ADDRESS              |                 |                                |  |               |          |                              |     |
| CITY-ST-ZIP  |  |               |   | CITY-        | ST-ZIP                  | !               |                                |  |               |          |                              | 1   |

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 agrees, with all other like empowered.