FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
06-24-2002 90298 014 ***158.75

DOCUMENT # P00000041825

1. Entity Name
Daisy's store, corp

[redacted]

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969385

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6911 NW 34th Street	6911 NW 34th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate FL	City & State: Margate, FL
Zip: 33063 Country: U.S.A	Zip: 33063 Country: U.S.A

4. FEI Number: 65-1051935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Maria M. Camacho
Street Address (P.O. Box Number is Not Acceptable): 6911 NW 34 st
City: Margate FL Zip Code: 33063

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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D
NAME	Camacho, Maria M
STREET ADDRESS	6911 NW 34 st
CITY-ST-ZIP	Margate FL 33063
TITLE	D
NAME	Camacho, Francisco R
STREET ADDRESS	6911 NW 34 st
CITY-ST-ZIP	Margate, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 05 01 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #