

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90070 023 \*\*\*150.00

**DOCUMENT # P00000050941**

1. Entity Name

**BOOK BARN BOOK EXCHANGE, INC.**

Principal Place of Business

**10507 S.W. 40TH STREET  
 MIAMI FL 33165**

Mailing Address

**10507 S.W. 40TH STREET  
 MIAMI FL 33165**

**00027778**

2. Principal Place of Business

**10597 SW 40th Street**  
 Suite, Apt. #, etc.

3. Mailing Address

**10597 SW 40th Street**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**65-1012693**

Applied For

Not Applicable

Zip

**33165**

Country

**Miami-Dade**

Zip

**33165**

Country

**Miami-Dade**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**LOIACONO, VINCENT  
 3109 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

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)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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 **D** ☐ Delete  
 NAME **LOIACONO, SUSAN C**  
 STREET ADDRESS **3109 PONCE DE LEON BLVD.**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:**

*Susan C. Loiacono*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN C. LOIACONO**

Date

**3-19-01**

Daytime Phone #

**665-7368**

CR2E034 (10/00)

0204851