2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State
09-21-2001 90007 046 ***150.00

DOCUMENT # P00000084746

1. Entity Name
MIAMI SURPLUS INC.

Principal Place of Business / Mailing Address /SAME
2765 HACKNEY RD. WESTON FL. 33331

AU086954

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2765 HACKNEY RD.	2765 HACKNEY RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FLA.	City & State: WESTON, FL
Zip: 33331 Country: U.S.A	Zip: 33331 Country: U.S.A

4. FEI Number: 65-1056850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RICKY I. PERMANAND
3529 CARDINAL WAY
WESTON, FLORIDA 33327

7. Name and Address of New Registered Agent
Name: RAMRATIE A. PERMANAND
Street Address (P.O. Box Number is Not Acceptable)
2765 HACKNEY ROAD
City: WESTON FL Zip Code: 33326

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: R.A. Permanand R.A. Permanand 9-10-01
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALISHA A. PERMANAND 2765 HACKNEY ROAD WESTON, FL 33331	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RICKY PERMANAND 2765 HACKNEY ROAD WESTON, FL 33331	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Alisha Permanand ALISHA A. PERMANAND 9-10-01 954-349-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #