

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000087035**1. Entity Name
BIRD'S R US, INC.Principal Place of Business
**15315 S. DIXIE HIGHWAY
MIAMI FL 33157**Mailing Address
**15315 S. DIXIE HIGHWAY
MIAMI FL 33157****FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90116 050 ***150.00

543501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15315 S. Dixie Hwy
Suite, Apt. #, etc.3. Mailing Address
15315 S. Dixie Hwy
Suite, Apt. #, etc.City & State
Miami, FL
Zip
33157 CountryCity & State
Miami, FL
Zip
33157 Country4. FEI Number
65-1039702 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****VIGO, LAURA
14255 SW 162 STREET
MIAMI FL 33177****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) DATE9. 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 State10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D VIGO, LAURA	14255 SW 162 STREET	MIAMI FL 33177	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Laura Vigo	7035 SW 70 Ave.	Miami, FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: **Laura Vigo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)