

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90122 010 ***150.00

DOCUMENT # P00000092165

1. Entity Name
SPECIAL MERCHANDISE, INC.



Principal Place of Business
5467 N.W. 72ND AVENUE
MIAMI FL 33168

Mailing Address
P.O. BOX 830545
MIAMI FL 33183-0545

2. Principal Place of Business
14050 SW 84th

3. Mailing Address

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33183

Country
DAVE

Zip

Country

4. FEI Number
65-1049117

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTRADA, MANUEL
14770 S.W. 72ND TERRACE
MIAMI FL 33193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ESTRADA, MANUEL
5467 N.W. 72ND AVENUE
MIAMI FL 33168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ESTRADA MANUEL
14770 SW 72 Terr.
MIAMI, FL 33193 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
ESTRADA, ERLINDA
5467 NW 72 AVE
MIAMI FL 33168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ESTRADA ERLINDA
14770 SW 72 Terr.
MIAMI FL 33193 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

MANUEL ESTRADA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P
Date

ap 23/03
Office Phone #

CR2E034 (10/02)