

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90003 020 ***150.00

0002918 AV

DOCUMENT # P00000096459

1. Entity Name
JAX BARGAINS INC.

Principal Place of Business
1014 ARLINGTON RD
JACKSONVILLE FL 32225

Mailing Address
1014 ARLINGTON RD
JACKSONVILLE FL 32225

2. Principal Place of Business

1014 Arlington Rd N.

3. Mailing Address

Same

City & State

Jacksonville, FL

City & State

Duval

4. FEI Number

58 2580386

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ITANI, MALEK
9855 REGENCY SQ BLVD #39
JACKSONVILLE FL 32225

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	ITANI, MALEK	
STREET ADDRESS	9855 REGENCY SQ BLVD #39	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ITANI, MOHAMED	
STREET ADDRESS	9855 REGENCY SQ BLVD #39	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Itani, Malek	
STREET ADDRESS	1411 Aletha Dr	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Itani, Mohamed	
STREET ADDRESS	1411 Aletha Dr	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mohamed Itani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-01 (904)7255525

Date

Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
7-11-01
A077581

Dear Sir / Madam,

We did not receive your first notice
of (UBR) since the front door
was locked for setting up the store in January.

Thank you

Mohamed Itani
Mohamed Itani