

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91156 018 \*\*\*158.75

**DOCUMENT # P00000106174**

1. Entity Name  
**DOWNTOWN AMERICAN OUTLET CORP.**



Principal Place of Business  
**135 SE 1ST ST.  
MIAMI FL 33131**

Mailing Address  
**1700 W 8TH AVENUE  
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

**135 SE 1ST ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI, FL**

Zip

Country

Zip

Country

**33131**

**USA**

4. FEI Number

**65-1056347**

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

**BAEZ, ARIANNE  
1700 W 8TH AVENUE  
HIALEAH FL 33010**

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

**Arianne Baez, President.**

**02/14/03**

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 **P** ☐ Delete  
NAME **BAEZ, ARIANNE**  
STREET ADDRESS **1056 SW 143 PLACE**  
CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE ☐ Delete  
NAME **JULIO VALENCIA**  
STREET ADDRESS **968 NW 106 AVE CIR.**  
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Change ☒ Addition  
NAME **JULIO VALENCIA**  
STREET ADDRESS **968 NW 106 AVE CIR**  
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

**Arianne Baez**

**02/14/03**

Date **786 402 0648** Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)