

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90186 044 ***150.00

DOCUMENT # P01000016719

1. Entity Name
JUNIOR USED CLOTHING, INC.



Principal Place of Business
**675 N.W. 29 STREET
MIAMI, FL 33127**

Mailing Address
**675 N.W. 29 STREET
MIAMI, FL 33127**

2. Principal Place of Business

717 W. 27 STREET

3. Mailing Address

717 W. 27 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

City & State

HALEAH, FLORIDA

Zip
33010

Country

Zip
33010

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1076799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABREU, FRANCISCA
675 N.W. 29TH STREET
MIAMI, FL 33127**

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. 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's signature required when reinstating)

DATE

03-17-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ABREU, FRANCISCA
675 N.W. 29 STREET
MIAMI, FL 33127
717 W. 27 STREET
HALEAH, FL 33010**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
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☐ Delete

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-03

Date

Daytime Phone #

CR2E034 (10/02)