

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90061 010 \*\*\*150.00

**DOCUMENT # P01000029611**

**1. Entity Name**  
**CLOTHING DISCOUNT, INC.**



**Principal Place of Business**  
**13816 S.W. 152ND STREET**  
**MIAMI FL 33177**

**Mailing Address**  
**13816 S.W. 152ND STREET**  
**MIAMI FL 33177**

**2. Principal Place of Business**  
**13792 SW 15nd St**

**3. Mailing Address**  
**13792 SW 152nd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Miami FL 33177**

**City & State**  
**Miami FL 33177**

**4. FEI Number** **65-1087660**

**Applied For**  
**Not Applicable**

**Zip** **33177** **Country** **MIAMI DADE**

**Zip** **33177** **Country** **MIAMI DADE**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TORRES, NANCY**  
**13816 S.W. 152ND STREET**  
**MIAMI FL 33177**

**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** **V** ☐ **Delete**  
**NAME** **SANCHEZ, HECTOR**  
**STREET ADDRESS** **11850 S.W. 35TH ST**  
**CITY-ST-ZIP** **MIAMI FL 33175**

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

**TITLE** **P** ☐ **Delete**  
**NAME** **TORRES, NANCY**  
**STREET ADDRESS** **11850 S.W. 35TH ST**  
**CITY-ST-ZIP** **MIAMI FL 33175**

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

**TITLE** **ST** ☐ **Delete**  
**NAME** **SOTO, FRIDA VALLEJOS**  
**STREET ADDRESS** **8253 N.W. 5TH TER**  
**CITY-ST-ZIP** **MIAMI FL 33126**

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

**TITLE** **V** ☐ **Delete**  
**NAME** **SOTO, PABLO LUIS**  
**STREET ADDRESS** **8253 N.W. 5TH TER**  
**CITY-ST-ZIP** **MIAMI FL 33126**

**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**

**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:**

**SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**4-21-03**

CR2E034 (10/02)