

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90143 010 ***150.00

DOCUMENT # P01000058829



1. Entity Name
EL MACHETAZO CLOTHING DISCOUNT, INC.

Principal Place of Business
17900 NW 84TH AVENUE
MIAMI FL 33015-2608

Mailing Address
17900 NW 84TH AVENUE
MIAMI FL 33015-2608

90137591

2. Principal Place of Business
Same

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1118268**

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

MIRALLES, GUILLERMO
17900 NW 84TH AVENUE
MIAMI FL 33015-2608

Name **GUILLERMO MIRALLES**
Street Address (P.O. Box Number is Not Acceptable)
17900 NW 84 AVE
MIAMI FL 33015
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 \$160.00~~
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
PSTD
MIRALLES, GUILLERMO
17900 NW 84TH AVENUE
MIAMI FL 33015-2608

TITLE
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☐ Change ☐ Addition

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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

4-23-2003
Date Daytime Phone #

CR2E034 (10/02)