FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90369 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063699

1. Entity Name
$ CONSTELLATION DISCOUNT STORE, INC.

DO NOT WRITE IN THIS SPACE

90014524

2. Principal Place of Business	3. Mailing Address
4188 W 12 AVE	4188 W 12 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL.	City & State: HIALEAH, FL.
Zip: 33012 Country: USA	Zip: 33012 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1116115 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GUSTAVO LEON

Street Address (P.O. Box Number is Not Acceptable)

1400 N.W. 19 ST APT. 1506

City MIAMI **FL** Zip Code 33125

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 X [signature] GUSTAVO LEON 1/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	PS
NAME	LEON, GUSTAVO
STREET ADDRESS	1400 NW 19 ST. APT. 1506
CITY-ST-ZIP	MIAMI, FL. 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] GUSTAVO LEON 1/21/03 (305) 362-9568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #