

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000087209

Entity Name: MEDLEY BAZAAR, INC.

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Current Principal Place of Business:

7450 NW 8TH STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7450 NW 8TH STREET
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-1137080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMIREZ, MARIA E
601 NW 128TH PLACE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: VILLAR, MANUEL
Address: 601 NW 128TH PLACE
City-St-Zip: MIAMI, FL 33126

Title: VPSD () Delete
Name: RAMIREZ, MARIA E
Address: 601 NW 128TH PLACE
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA E RAMIREZ

VSPD

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date