

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91218 001 \*\*\*150.00

**DOCUMENT # P01000102402**

1. Entity Name

**BRAND NAMES FOR LESS OF SOUTH FLORIDA, INC.**

Principal Place of Business

175 NE 1ST STREET  
 MIAMI FL 33130

Mailing Address

175 NE 1ST STREET  
 MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**39342**



6. Name and Address of Current Registered Agent

MIRALLES, XIOMARA  
 175 NE 1ST STREET  
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

**Xiomara F Miralles**

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

**3598 W 141 Ave**

**Nialeah FL 33012**

City

**FL**

Zip Code

**33012**

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

*Xiomara F Miralles*  
 Signature, typed or printed name of registered agent and title if applicable.

**Xiomara F Miralles**

(NOTE: Registered Agent signature required when reinstating)

**7/19/02**

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIRALLES, XIOMARA	
STREET ADDRESS	175 NE 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MIRALLES, ANTONIO E	
STREET ADDRESS	175 NE 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 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 #

CR2E034 (4/02)

5/21

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000102402

1. Entity Name

Brand Names for less of south florida

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Miami 175 NE 1st

3. Mailing Address

Miami 175 NE 1st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Miami, FL

City &amp; State

Miami, FL

4. FEI Number

65-114-7721

Applied For

Not Applicable

Zip

33132

Country

Zip

33132

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: Brand Names for less of south florida  
 Street Address: 175 NE 1st  
 City: Miami FL 33132

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE

Xiomara F Miralles

Signature, typed or printed name of registered agent and fee if applicable

[Signature]

(NOTE: Registered Agent signature required when renewing)

DATE

6/27/02

 9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.
☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

 10. Election Campaign Financing  
 Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Xiomara F Miralles	NAME	
STREET ADDRESS	175 NE 1st	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	CITY-ST-ZIP	
TITLE		TITLE	
NAME	Antonio E Miralles	NAME	
STREET ADDRESS	175 NE 1st	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
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SIGNATURE:

Xiomara F Miralles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02

Date

(805) 526-9003

Daytime Phone

CR250348 (12/01)