2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 08, 2003 8:00 am Secretary of State 07-23-2003 90061 050 ***150.00

7/2.

DOCUMENT # P01000102402 1. Entity Name BRAND NAMES FOR LESS OF SOUTH FLORIDA, INC.													
Principal Place 175 NE 1ST S MIAMI FL 331	-	Mailing Address 175 NE 1ST STREET MIAMI FL 33130					55053740						
2. Principal P	Place of Business	3. Mailing Address				1]	1807 88 04 8800 8	ese t kant es et	B Hiblis Blobs	 	•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FE	Number 65-1	147721			pplied For lot Applicable	
Zip		intry-	· Zip		Coun	try	<u> </u>	ertificate of Status		Fe	3.75 Ad e Require	ed	
	== 8. Name and A	ddress of Current	registered A	gent:		Name	7,= NE	eme and Address	of New Reg	stered Age	ont=		= =
	, XIOMARA F			-)	(P.O. Bo	x Number is Not A	cceptable)				4
3598 W 14 HIALEAH		•		· -								-	
						City				FL	Zip Cod	ie	1
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/ IVIII QX Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsusting) DATE													
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing S5.00 May Be Trust Fund Contribution.													
10,	C Payable to Piori	OFFICERS AND		<u></u>	11.		ADO	ITIONS/CHANGE	e TO OCCIO	DS AND D	DECTOR	OC INI 11	4
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TITLE	VPD			☐ Delete	TITLE					ايل ج	Charine	Addition	18
NAME Street address	MIRALLES, ANT 175 NE 1ST ST				NAME	ET ADDRESS				-		-	
CITY-ST-ZIP	MIAMI_FL 33130					ST-ZIP							
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12. I hereby c	ertity that the inform	lation supplied with t	his filing does	not qualify for		ST-ZIP	action 110	9.07(3)(i) Florida S	Statutes I for	ther certify	hat the in	nformation	-
12. I hereby certify that the information supplied with this filling 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: X SIGNATURE REQUIRED 7/16/03 (304)													

SIGNATURE:	Ŕ	SIGNATURE	REQUIRED
		SIGNATURE AND TYPED OR PRINTED HA	HE OF PURING OFFICER OF EMPEC

Daytime Phone #

To: Florida department of state #PO/000102402 Prom: Brand Names for less of south Florida.

I called assistance because I received this late fee of \$400,000 dollars. The reason why I called is because I never received the first letter. and when I received the second notice I paid \$150.00. My payment received # 15 62303-90061-050-150. The assistante told me to send this letter to avoid the late fee.

thank you for your concern Brand Names for less

Afrallew.