

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90382 041 ***150.00

DOCUMENT # P01000103491

1. Entity Name

GO THRIFT! CLOTHING BY THE POUND CORP.

Principal Place of Business

**11340 PEACHTREE DR
 MIAMI FL 33161**

Mailing Address

**11340 PEACHTREE DR
 MIAMI FL 33161**

2. Principal Place of Business

2225 E. 10th AVE.

3. Mailing Address

2225 E. 10th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL.

City & State

HIALEAH FL.

4. FEI Number

75-3044951

Applied For

Not Applicable

Zip

33013

Country

USA.

Zip

33013

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZARFATI, PACIFICO
 11340 PEACHTREE DR
 MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES. PACIFICO ZARFATI 11340 PEACHTREE DRIVE MIAMI, FL. 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

04-18-002

CR2E034 (9/01)

Form **SS-4**
(Rev. December 2001)Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line.

Keep a copy for your records.

75-3044951
EIN

OMB No. 1545-0003

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1 Legal name of entity (or individual) for whom the EIN is being requested

GO THRIFT! CLOTHING BY THE POUND CORP.

P0100010491

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. & street, or P.O. box)

2225 E. 10TH AVENUE

5a Street address (if different) (Do not enter a P.O. box.)

SAME

4b City, state, and ZIP code

HIALEAH**FL 33013**

5b City, state, and ZIP code

6 County and state where principal business is located

MIAMI-DADE**FL**

7a Name of principal officer, general partner, grantor, owner, or trustor

PACIFICO ZARFATI

7b SSN, ITIN, or EIN

594-38-5346

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☐ Partnership☒ Corporation (enter form number to be filed) **1120S**☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) **_____**☐ Other (specify) **_____**☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ Farmers' cooperative☐ REMIC☐ State/local government☐ Federal government/military☐ Indian tribal governments/enterprisesGroup Exemption Number (GEN) **_____**8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

FLForeign country **_____**

9 Reason for applying (check only one box)

☒ Started new business (specify type) **_____**☐ Banking purpose (specify purpose) **_____**☐ Changed type of organization (specify new type) **_____**☐ Purchased going business☐ Created a trust (specify type) **_____**☐ Created a pension plan (specify type) **_____**☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) **_____**

10 Date business started or acquired (month, day, year)

10/24/01

11 Closing month of accounting year

DEC

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."

Agricultural

Household

Other

6/01/02**3**

14 Check one box that best describes the principal activity of your business.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Health care & social assistance☐ Wholesale-agent/broker☐ Accommodation & food service☐ Wholesale-other☐ Other (specify) **_____**☒ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

USED CLOTHING SALES16a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "Yes," please complete lines 16b and 16c.☐ Yes☒ No

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name **_____**Trade name **_____**

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third Party Designee Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

DADE COUNTY BUSINESS MANAGEMENT

Designee's telephone number (include area code)

305-891-0112Address and **1190 N. E. 125TH ST., #21**

Designee's fax number (include area code)

305-891-0112ZIP code **N. MIAMI****FL 33161**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title
(type or print clearly)

Applicant's telephone number (include area code)

Signature **_____**

Applicant's fax number (include area code)

Date **_____**