

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 002000023198

1. Entity Name

BIRD CAGE WAREHOUSE OUTLET INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 27 AM 8:26

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

642 W 84 ST

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALEAH FLORIDA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33014

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ana M Descalzo Perez

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

642 W 84 ST

City

Haleah, FL

FL

Zip Code

33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ana M Descalzo Perez

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

President

NAME

Octavio A. Descalzo

STREET ADDRESS

642 W 84 ST HALEAH FL

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900019319729
05/19/03--01056--004 **150.00

TITLE

V. President

NAME

Rodolfo P. Perez

STREET ADDRESS

7947 W 15 AVE. HALEAH FL

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Secretary

NAME

ANA M Descalzo Perez

STREET ADDRESS

642 W 84 ST HALEAH FL

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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:

Ana M Descalzo Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

secretary - 5/14/03

Date

305 558-0170

Daytime Phone #

CR2E034B (12/02)