

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90977 016 ***150.00

DOCUMENT # P02000035720 1. Entity Name BOOKSTORE, INC.					
Principal Place of Business 1913 S. OCEAN DRIVE HALLANDALE, FL 33009			Mailing Address 1913 S. OCEAN DRIVE HALLANDALE, FL 33009		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 47-0856651	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RODRIGUEZ, MONICA G 1913 S. OCEAN DRIVE HALLANDALE, FL 33009					
7. Name and Address of New Registered Agent Name CLAUDIA Czetysko Street Address (P.O. Box Number is Not Acceptable) 10910 SW 25 St. City Miami FL Zip Code 33165					
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 <u><i>C. Czetysko</i></u> DATE 4.4.03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)					
FILING WITH PER IS \$150.00 After May 1, 2003 Fee will be \$660.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete RODRIGUEZ, MONICA G 1913 S. OCEAN DRIVE HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 04/04/03 Days and Phone # 305-553-6101		

CH2E034 (10/02)