## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P02000129856

Mailing Address

P O BOX 524073

MIAMI FL 33152

1. Entity Name

P O BOX 524073

MIAMI FL 33152

E BARGAINS, INC.

Principal Place of Business

## **FILED** Jul 31, 2003 8:00 am Secretary of State

07-31-2003 90074 028 \*\*\*150.00

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Suite, April #, GID.  Country  Zip 33152  Country  S. Certificate of Status Desired   Not Acceptable    Street Address of Status Desired   \$8,75 Additional Fee Required    Fee Required   Number    MARSHALL, BEATRIZ   3730 NW 54TH ST   MAMIF FL 33142  City FL   Zip Code  S. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and society to obligations of registered agent.  SIGNATURE  Symmetry symmetry of printed performent of state  THE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  THE NAME  TITLE   Deside   TITL											<b>10</b> 00 <b>11</b> 06 1			<b>a) a</b> )() <b>a 3</b> ()) ( <b>9</b> 1)
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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		ertify that the	Information supplied with	h this filing	does not qualify for			d in Section	n 110 0	7/3)(i) Florida 9	utos (fem	ther cort	fu 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:

SIGIPATURE REMINISTED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment#

July 26, 2003

Ebargains Po Box 524073 Miami, FL 33152 F02000/29856

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to request a penalty fee waiver for the Uniform Business Report since the first notice was not received. I would greatly appreciate your attention to the matter.

Sincerely,

Beatriz Marshall

President