

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90068 018 ***150.00

DOCUMENT # P94000012963

1. Entity Name
BILLS R US, INC.

Principal Place of Business

831 PALM AVE
MIAMI FL 33010
US

Mailing Address

831 PALM AVE
MIAMI FL 33010
US

2. Principal Place of Business

4615 NW 72 AVE

3. Mailing Address

4615 NW 72 AVE

Suite, Apt. #, etc.

SUITE #108

Suite, Apt. #, etc.

#108

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

Miami Ave

Zip

33166

Country

Miami Ave

6. Name and Address of Current Registered Agent

RAMOS, ROGELIO

831 PALM AVE

MIAMI FL 33010

4615 NW 72 AVE

SUITE 108

Miami FL 33166

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, 2001 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 **D** ☐ Delete
NAME **RAMOS, ROGELIO**
STREET ADDRESS **831 PALM AVE**
CITY-ST-ZIP **MIAMI FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4615 NW 72 AVE #108**
CITY-ST-ZIP **Miami FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rogelio RAMOS

Date

1/24/01

Daytime Phone #

(305) 335-1293

CR2E034 (10/00)