

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90169 004 ***150.00

DOCUMENT # P94000040092

1. Entity Name
LULY'S GENERAL MERCHANDISE, INC.



Principal Place of Business
**2609 NW 20TH ST
MIAMI FL 33142
US**

Mailing Address
**2609 NW 20TH ST
MIAMI FL 33142
US**



2. Principal Place of Business

706 NW 135 COUNT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33142

Country

MIAMI

3. Mailing Address

13800 SW 8 ST

Suite-Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

MIAMI

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0493440

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARGUELLO, MARIA L

**2609 NW 20TH ST
MIAMI FL 33142**

**706 NW 135 COUNT
MIAMI FL 33142**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **P** ☐ Delete
NAME **ARGUELLO, MARIA L**
STREET ADDRESS **2609 NW 20TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **M** ☐ Delete
NAME **PABLO, GALVEZ**
STREET ADDRESS **2609 NW 20 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: **M. Arguello**

NOTARIZED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

Date

305 548991

Daytime Phone #

CR2E034 (10/02)