

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90071 042 ***150.00

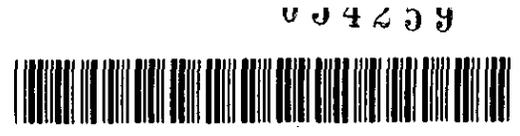
DOCUMENT # P94000053850
 1. Entity Name
RETAIL INTERNATIONAL, INC.

Principal Place of Business Mailing Address
4675 S.W. 74TH ST. MIAMI FL 33143 **4675 S.W. 74TH ST. MIAMI FL 33143-6271**

2. Principal Place of Business 3. Mailing Address
1 CASUARINA CONCOURSE **1 CASUARINA CONCOURSE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CORAL GABLES FL **CORAL GABLES FL**
 Zip Country Zip Country
33143 USA 33143 USA

4. FEI Number **65-0506458** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FARR, VERONICA
4675 S.W. 74TH ST.
MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1 CASUARINA CONCOURSE
 City **CORAL GABLES FL** Zip Code **33143**

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D POTAMKIN, ALAN H 4675 S.W. 74TH ST. MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete O FARR, VERONICA 4675 SW 74TH ST. MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 CASUARINA CONCOURSE CORAL GABLES FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 CASUARINA CONCOURSE CORAL GABLES FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Veronica Farr **VERONICA FARR** Date: 4-26-00 Daytime Phone #: 305-665-4600