

2000 UNIFORM BUSINESS REPORT (UBR)

10-13-00

DOCUMENT # P96000060003

1. Entity Name

Cuni's Discount, INC.

FILED

00 JUN 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
660939

Principal Place of Business

Mailing Address

2301 NW 7th St #C
Miami, FL 33125 ✓

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
6/13/00 90054/034 \$150.00

4. FEI Number

65-0684282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Reinaldo milian
1857 NW 113 TR
Miami, FL 33167

Name

SAME

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

Reinaldo Milian

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

(NOTE: Registered Agent signature required when remaining)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III-11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
Reinaldo milian
1857 NW 113 TR
Miami, FL 33167

☐ Delete

TITLE
NAME
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reinaldo Milian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6/16

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Attachment to
660939

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **CUNI'S DISCOUNT, INC** Thank you for your courtesy in this matter.

Reinaldo Milian

REINALDO MILIAN
President