

## UNIFORM BUSINESS REPORT (UBR)

b62

DOCUMENT #

P9700037446

1. Entity Name

Libreri Mapou Bookstore

FILED

00 JUL -5 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

5919 NE 2nd Ave  
Miami, FL 33137P.O. Box 6146  
Miami, FL 33299

2. Principal Place of Business

3. Mailing Address

5919 NE 2nd Ave  
Suite, Apt. #, etc.P.O. Box 6146  
Suite, Apt. #, etc.

City &amp; State

Miami, FL

City &amp; State

Miami, FL 33299

4. FEI Number

65-0762188

Applied For

Not Applicable

Zip

33137

Country

US

Zip

33299

Country

US

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

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, 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

MIAMI, FL 33138

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI, FL 33138

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI, FL 33138

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI, FL 33137

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MIAMI, FL 33137

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100003349251--2

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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 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/00 869-1283

Date

Daytime Phone #

CR2E034 (9/99)

KE

2d2

**LIBRERI MAPOU BOOK STORE**

5919 NE 2<sup>nd</sup> Ave. Miami Fl. 33137

PHONE: (305) 757-9922

Fax: (305) 757-3606

Email: [janmapou@aol.com](mailto:janmapou@aol.com)

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Miami June 30, 2000

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, Fl. 32302-1500

Gentlemen,

I am sending you this letter to ask you to forgive my ignorance for not filing out the UBR on time last year and this year. I failed to do so last year because I thought such a document was supposed to be sent once. I did not received the form and I also never received the dissolution paper. I found out about it this year when the person doing my tax return questioned me about it. I have called your office and explained the situation. The agent sent me the attached form and asked me to include \$300.

I really appreciate your understanding. I promised that it won't happen again.

Thank you.

Jean-Marie Denis  
Owner

