

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91237 009 \*\*\*150.00

**DOCUMENT # P97000072540**

1. Entity Name  
**KIJUAMI DISCOUNT, INC.**

Principal Place of Business  
**7500 N.W. 69TH AVENUE  
 MEDLEY FL 33166**

Mailing Address  
**7500 N.W. 69TH AVENUE  
 MEDLEY FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0777270**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~DIAZ, ENRIQUE J~~  
~~999 PONCE DE LEON BLVD.~~  
~~#1110~~  
~~CORAL GABLES FL 33134~~

Name **CARLOS A. TRONAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10570 NW 27 ST**  
 City **MIAMI** FL Zip Code **33172**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAZ, ENRIQUE	
STREET ADDRESS	10341 SW 27TH ST	
CITY-ST-ZIP	MIAMI FL 33105	7500 NW 69 Ave Medley, FL 33166
TITLE	S	<input type="checkbox"/> Delete
NAME	NEENESES, RAUL	
STREET ADDRESS	12661 NW 99 PL	
CITY-ST-ZIP	HALEAH GROVE FL 33018	7500 NW 69 Ave Medley, FL 33166
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ENRIQUE DIAZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01  
 Date

305-885-9774  
 Daytime Phone #

CR2E034 (10/00)