

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004422

1. Entity Name

BARGAIN CITY STORE #1, INC.

Principal Place of Business

1191 E. NEWPORT CENTRE DR.  
SUITE 209  
DEERFIELD BEACH FL 33442

Mailing Address

1191 E. NEWPORT CENTRE DR.  
SUITE 209  
DEERFIELD BEACH FL 33442-7708

2. Principal Place of Business

508 S. MILITARY TRAIL

Suite, Apt. #, etc.

3. Mailing Address

508 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

-

Zip

33442

Country

-

4. FEI Number

65-0827732

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PERSAUD, A  
CITY-ST-ZIP 1191 E. NEWPORT CENTRE DR. SUITE 209-  
DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS PERSAUD, A.  
CITY-ST-ZIP 508 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90190 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)