2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000006193 May 19, 2000 8:00 am Secretary of State 1. Entity Name OFFICE USA RETAIL CORP. 05-19-2000 90042 044 ***158.75 Principal Place of Business Mailing Address 6812 N.W. 77TH COURT 6812 N.W. 77TH COURT MIAMI FL 33166 MIAMI FL 33166-2713 2. Principal Place of Business 3. Mailing Address 6950 NW 77TH CT <u>6950 NW 77TH CT</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0858072 Not Applicable MIAMI, FL MIAMI, FL Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33166 33166 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIRALDO LEYVA JR LEYVA, GIRALDO Street Address (P.O. Box Number is Not Acceptable) 6950 NW 77TH COURT **MIAMI FL 33166** 6950 NW 77TH CT Zip Code 33166 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. K Change ☐ Addition Delete TITLE LEYVA, GIRALDO NAME 6812 N.W. 77TH COURT STREET ADDRESS STREET ADDRESS 6950 NW 77TH CT CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP <u>MIAMI. FL 33166</u> ☐ Addition ☐ Delete TITLE TITLE LEYVA, AURELIO A NAME 6812 N.W. 77TH COURT STREET ADDRESS STREET ADDRESS 6950 NW 77TH CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** MIAMI, FL 33166 ☐ Change x Addition TITLE TITLE ☐ Delete NAME NAME GIRALDO LEYVA JR STREET ADDRESS STREET ADDRESS 6950 NW 77TH CT CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 repeiver 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 INTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone