## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## DOCUMENT # P98000053151 May 19, 2000 8:00 am Secretary of State 1. Entity Name MIAMI CLOSEOUTS, INC. 05-19-2000 90080 041 \*\*\*150.00 Mailing Address Principal Place of Business 6648 SW 112 COURT 9450 SW 72 ST MIAMI FL 33173-1976 MIAM! FL 33173 2. Principal Place of Business 3. Mailing Address 9450 S MDO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 207 4. FEI Number Applied For City & State 65-0843105 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARGELLO: ANIA Street Address (P.O. Box Number is Not Acceptable) 9450 SW 72 ST #207 **MIAMI FL 33173** Zip Code 8. The above named entity submits this statement for the pulpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed oplicable. 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Addition ☐ Delete TITLE ☐ Change TITLE ARGUELLO, ANA NAME NAME STREET ADDRESS 6648 SW 112 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33173 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZALDANA, OSCAR ZALDANO, OSCAR NAME NAME 6648 SW 112 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Addition TITLE TITLE Preuss- Kuchno Preuss - Kurhne Axel NAME NAME Cranden Blud #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ME OF SIGNING OFFICER OR DIRECTOF