2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am DOCUMENT # P98000053151 **Secretary of State** MIAMI CLOSEOUTS, INC. 02-20-2001 90012 014 ***150.00 Principal Place of Business Mailing Address 9450 SW 72 ST 6648 SW 112 COURT MIAMI FL 33173 207 MIAM! FL 33173 2. Principal Place of Business 3. Mailing Address 9450 SW 72 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ZO 7 City & State City & State Applied For FEI Number 65-0843105 $\omega_{4}\omega$ Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired <u>3</u>317? Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARGELLO, ANN Street Ado 9450 SW 72 ST #207 **MIAMI FL 33173** City 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 nam (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ARGUELLO, ANA NAME NAME 6648 SW 112 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ZALDANA, OSCAR NAME NAME STREET ADDRESS 6648 SW 112 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE ☐ Delete TITLE uss Kuethe PREUSS-KUALINO, AXEL NAME NAME randon Bl STREET ADDRESS 201 CRANDON BLVD #207 507 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of the like empowered.

SIGNATURE:

CR2E034 (10/00)