

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90035 049 ***150.00

DOCUMENT # P98000053151

1. Entity Name
MIAMI CLOSEOUTS, INC.

Principal Place of Business

9450 SW 72 ST
207
MIAMI FL 33173

Mailing Address

9450 SW 72 ST
207
MIAMI FL 33173

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10481 N. Kendall Dr.

Suite, Apt. #, etc.

Suite D-201

City & State

Miami, FL

Zip

33176

Country

4. FEI Number

65-0843105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Arguello, Ana L.

Street Address (P.O. Box Number is Not Acceptable)

10481 N. Kendall Dr.

Suite D-201

City

Miami

FL

Zip Code

33176

6. Name and Address of Current Registered Agent

Arguello, Ana L.
9450 SW 72 ST #207
MIAMI FL 33173

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

4-25-02

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, 2002 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

TITLE **P** ☐ Delete
NAME **ARGUELLO, ANA**
STREET ADDRESS **6648 SW 112 COURT**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete
NAME **ZALDANA, OSCAR**
STREET ADDRESS **6648 SW 112 COURT**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Delete
NAME **AXEL, PREUSS K**
STREET ADDRESS **201 CRANDON BLVD #507**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Arguello, Ana L** **P** ☐ Change ☐ Addition
NAME **8621 S.W.93 Ct.**
STREET ADDRESS **Miami, FL 33173**
CITY-ST-ZIP

TITLE **Zaldana, Oscar** **D** ☐ Change ☐ Addition
NAME **8621 S.W.93 Ct.**
STREET ADDRESS **Miami, FL 33173**
CITY-ST-ZIP

TITLE **Preuss-Khuene Axel** **D** ☐ Change ☐ Addition
NAME **177 Ocean Lane Drive #101**
STREET ADDRESS **Key Biscayne, FL 33149**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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 #

CR2E034 (9/01)