

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90409 032 ***150.00

DOCUMENT # P98000053151

1. Entity Name
MIAMI CLOSEOUTS, INC.



Principal Place of Business
**9450 SW 72 ST
207
MIAMI FL 33173**

Mailing Address
**10481 N. KENDALL DR.
SUITE D-201
MIAMI FL 33176**

2. Principal Place of Business
10481 N. Kendall Dr.

3. Mailing Address

Suite, Apt. #, etc.
Suite D-201

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip Country
33176 US

Zip Country

4. FEI Number **65-0843105**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ARGELLO, ANN
10481 N. KENDALL DR.
SUITE D-201
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **Arguello, Ana**
Street Address (P.O. Box Number is Not Acceptable)
8621 SW 93RD CT
City **Miami** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ARGUELLO, ANA	
STREET ADDRESS	8621 SW 93 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZALDANA, OSCAR	
STREET ADDRESS	8621 SW 93 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	AXEL, PREUSS K	
STREET ADDRESS	177 OCEAN LANE DRIVE #101	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03

Date

(305) 271-3153

Daytime Phone #

CR2E034 (10/02)