## FILED

Jul 31, 2002 8:00 am Secrétary of State

07-31-2002 90098 001 \*1,800.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P98000060596

DOCUMENT # 1. Entity Name

THRIFT EXPORT INC.

Principal Place of Business 3141 W HALLANDALE BEACH BLVD

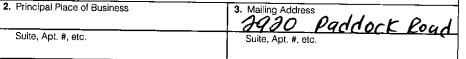
HALLANDALE FL 33009

SIGNATURE \_

Mailing Address

3141 W HALLANDALE BEACH BLVD

HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

City & State Zip Country

65-0849768 5. Certificate of Status Desired

4. FEI Number

Not Applicable \$8.75 Additional

Fee Required

Applied For

6. Name and Address of Current Registered Agent

DOUGLASS, MARC 3141 W HALLANDALE BEACH BLVD HALLANDALE FL 33009

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

Zip Code

DATE

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

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

**\$5.00** May Be 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 TITLE PD ☐ Delete TITLE Change Addition NAME DOUGLASS, MARC NAME DOGELAS, MARC 3141 W. Hallendale Beh. Blud. 3141 W HALLANDALE BEACH BLVD STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-7/P Hallandale Fl. 33009 **DCFO** Delete TITLE ☐ Change Addition NAME WILEY. STEPHEN L NAME STREET ADDRESS 3141 W HALLANDALE BEACH BLVD STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP ☐ Defete TITLE VP D Change Hodition ILEEN LITHIR 3141 w. Hallandale Bch. Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hallandale, Fl. 33009 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

ARC DOUBLAS, 7/24/02 954-962-6046