

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075991

1. Entity Name

BOOKSTORE, AT YOUR REACH-LIBRERIA A SU ALCANCE,

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90117 009 ***150.00

Principal Place of Business

Mailing Address

4221 SW 52 COURT APT W
FT LAUDERDALE FL 33314
US

4221 SW 52 COURT APT W
FT LAUDERDALE FL 33024-1902
US

2. Principal Place of Business

3. Mailing Address

4457 SW 54 CT

4457 SW 54 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. W

APT. W

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33314

Browns Dade

33314

Browns



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0861402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

4457 SW 54 CT

APT W

City

Fort Lauderdale FL

Zip Code

33314

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

Nancy Laracuente, President

4/12/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LARACUENTE, NANCY
4221 S W 52ND COURT, APT. W
FORT LAUDERDALE FL 33314

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Laracuente, Nancy
4457 SW 54 CT APT W
FORT LAUDERDALE, FL 33314

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Nancy Laracuente

4/12/00 305-687-0087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)