

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P98000075991*

1. Entity Name
*BOOKSTORE, AT YOUR REACH -
"LIBRERIA A SU ALCANCE," INC.*

Principal Place of Business

Mailing Address

*4407 SW 54 CT APT W
FORT LAUDERDALE, FL 33314*

2. Principal Place of Business

3. Mailing Address

*4407 SW 54 CT
Suite, Apt. #, etc.
APT W*

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale

Zip

Country

Zip

Country

33314

Broward

6. Name and Address of Current Registered Agent

4. FEI Number

65-0861602

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Sarge

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

City

FL

Zip Code

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

05/01/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <i>P</i>	NAME <i>LARACUENTE Nancy</i>	<input type="checkbox"/> Delete
STREET ADDRESS <i>4407 SW 54 CT APT W</i>		
CITY - ST - ZIP <i>FT LAUDERDALE, FL 33314</i>		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in this report or supplemental report is true and accurate and that no 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

05/01/01

Date
Telephone (Area Code)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90498 028 ***150.00

00056969

DO NOT WRITE IN THIS SPACE