

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037915

1. Entity Name

BARGAINTOWN USA, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90031 012 ***150.00

Principal Place of Business

8620 NW 77TH ST.
TAMARAC FL 33321

Mailing Address

% S. KRUPAT
8108 HIBISCUS CIRCLE
TAMARAC FL 33321

2. Principal Place of Business

8620 NW 77th St

3. Mailing Address

% S. KRUPAT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8108 HIBISCUS CIRCLE

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

USA

Zip

33321

Country

USA

4. FEI Number

65-0915653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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, 2001 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 PD
NAME KRUPAT, SEYMOUR
STREET ADDRESS 10254 NORTHWEST 47TH STREET
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE VD
NAME FELKER, MICHAEL
STREET ADDRESS 10254 NORTHWEST 47TH STREET
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE VSTD
NAME FELKER, MELVIN
STREET ADDRESS 10254 NORTHWEST 47TH STREET
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

4-5-2001

954-722-

Date

Daytime Phone #

5446

CR2E034 (10/00)

0284845