

DOCUMENT # P99000038071

1. Entity Name

AMERICA'S CLEARANCE OUTLET, INC.

Principal Place of Business  
6203-D WEST SAND LAKE RD  
ORLANDO FL 32819Mailing Address  
6203-D WEST SAND LAKE RD  
ORLANDO FL 32819

2. Prin

Suit

City

Zip

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number 59-3571105

Applied For

Not Applicable

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

Registered Agent

7. Name and Address of New Registered Agent

Name

ZAZA, DARRIN S.

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

6115 INDIAN MEADOW ST.

City

ORLANDO

FL

Zip Code

32819

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 ZAZA, DARRIN S.  
STREET ADDRESS 2679 RUNYON CIR  
CITY-ST-ZIP ORLANDO FL 32837 ☐ DeleteTITLE T  
NAME ZAZA, BRIAN  
STREET ADDRESS 4066 BROOKMYRA DR  
CITY-ST-ZIP ORLANDO FL 32837 ☐ DeleteTITLE VP  
NAME SANTORINI, ANGELO  
STREET ADDRESS 8 APPLETON AVE STE 201  
CITY-ST-ZIP TORONTO ONTARIO, CANADA M6-E3A3 ☐ DeleteTITLE S  
NAME ZAZA, FRED  
STREET ADDRESS 4066 BROOKMYRA DR  
CITY-ST-ZIP ORLANDO FL 32837 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ZAZA, DARRIN S.  
STREET ADDRESS 6115 INDIAN MEADOW ST.  
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE S  
NAME ZAZA, FRED  
STREET ADDRESS 7821 MALLORCA CT  
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01

Date

407 370-3388

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)