

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90002 047 \*\*\*150.00

001932 AV

**DOCUMENT # P99000066663**

1. Entity Name

**NEW YORK THRIFT STORES CORP.**

Principal Place of Business

**1480 WEST 46 STREET  
 APT 125  
 HIALEAH FL 33012**

Mailing Address

**1480 WEST 46 STREET  
 APT 125  
 HIALEAH FL 33012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0941931**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LECUSAY, CESAR**

**1480 WEST 46 STREET**

**APT 125**

**HIALEAH FL 33012**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME **P LECUSAY, CESAR**  
 STREET ADDRESS **1480 WEST 46 STREET, APT 125**  
 CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SECRETARY OF STATE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/01**  
 Date

**305-888-7713**  
 Daytime Phone #

CR2E034 (5/01)

NEW YORK THRIFT STORES CORP.  
1480 west 46<sup>th</sup> Street Apt. # 125  
Hialeah, Florida 33012

D# P9900006663  
Bouloza

July 12, 2001

Division Of Corporation  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302

Re: 2001 Uniform Business Report  
Document # P99000066663  
New York Thrift Stores Corp.

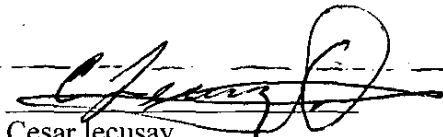
Dear Sirs:

We had receive the attached 2001 report, it was not filed on time due to fact that we did not received the first report therefore we are requesting from your office a waiver of the extra 400.00 fee.

We are a relatively small business concern and can not afford the extra charge.

Attached there is the check in the amount of \$ 150.00.

If further information is needed please contact me.



Cesar Iecusay  
President