

2000 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
May 11, 2000 8:00 am
Secretary of State

03-20-2000 90090 042 ***150.00

DOCUMENT # P99000081411

1. Entity Name

HOME DISCOUNT CENTER, INC.

Principal Place of Business

8250 W 8 AVE
HIALEAH FL 33012

Mailing Address

8250 W 8 AVE
HIALEAH FL 33014-3532

2. Principal Place of Business

3376 W HILLSBORO BLVD

Suite, Apt. #, etc.

3. Mailing Address

249 NW 4TH DIAGONAL

Suite, Apt. #, etc.

City & State

DEERFIELD B FL

City & State

BOCA RATON FL

Zip

33442

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0965714

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LU
ABREU, LEZALBA
8250 W 8 AVE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

ABREU LUZALBA

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

249 NW 4TH DIAGONAL

City

BOCA RATON

FL

Zip Code

33432

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]

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

TITLE NAME ☐ Delete
LUZALBA ABREU, PRESIDENT
STREET ADDRESS 249 NW 4 DIAGONAL
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE NAME ☐ Change ☐ 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/24/2000

Daytime Phone #

(954) 571-5103

CR200014 01/03/01