## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 18, 2000 8:00 am Secretary of State DOCUMENT # P99000085757 1. Entity Name COSITAS DISCOUNT STORE INC. 04-27-2000 90019 012 \*\*\*150.00 Principal Place of Business Mailing Address 1018 71ST STREET 1018 71ST STREET MIAMI BEACH FL 33141-2963 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 650950566 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, MANUEL Street Address (P.O. Box Number is Not Acceptable) 1018 71ST STREET MIAMI BEACH FL 33141 City Zip Code FI 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. DATE (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE Change ■ Addition PD TITI F NAME RODRIGUEZ, MANUEL NAME ONLY OWNER LEMPLOYEE STREET ADDRESS STREET ADDRESS 1018 71ST STREET SAME PERSON. ) CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 CASIMIRO GONZALEZ Addition SVID 🙇 Delete TITLE TITLE NAME CASTILLO, VIRGINIA NAME 1018 71 ST STREET. STREET ADDRESS STREET ADDRESS 1018 71ST STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate TiftE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---- Change ■ Addition TITLE\_\_\_ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-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:

HING OFFICER OR DIRECTOR