

DOCUMENT # P 99 0000 98768 -1/1

1. Entity Name

Savemore Discount Inc.

FILED  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90051 001 \*\*\*150.00

B0027750

DO NOT WRITE IN THIS SPACE

Principal Place of Business 901 E. 10th Avenue Unit 23 Hialeah, Florida 33010		Mailing Address 800. W. Oakland Park Blvd. Suite 100 Ft Lauderdale, FL 33311	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0875080		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

Ellis Simring  
800. W. Oakland Park Blvd Suite 100  
Ft. Lauderdale, Florida 33311

## 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, 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

## OFFICERS AND DIRECTORS

ADDRESS ST-ZIP	President Ellis Simring 800. W. Oakland Park Blvd Ft Lauderdale FL 33311 Suite 100	<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 stated 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 I am an officer, director, receiver, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ellis Simring pres

2/18/2000 954-566-2463

CR200001 (0/000)