

DOCUMENT

1. Entity Name

V 36082 ✓
Discount SIGNS USA, INC.FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90105 002 ***150.00

Principal Place of Business

Mailing Address

CLAUDIA H. Pedraza

1790 W. 49th
Suite 113
Hialeah, FL 33012

2. Principal Place of Business

3. Mailing Address

1790 W. 49 street

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

113

City & State

City & State

Hialeah, FL

Zip

Country

Zip

Country

33012

Dme

4. FEI Number

65-0345830

Applied For

Not Applicable

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

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 State10. 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	CLAUDIA H. Pedraza <input type="checkbox"/> Delete
NAME	1790 W. 49 St / 113
STREET ADDRESS	Hialeah, FL 33012
CITY-ST-ZIP	

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

TITLE	Roberto Pedraza <input type="checkbox"/> Delete
NAME	1790 W. 49 St / 113
STREET ADDRESS	Hialeah, FL 33012
CITY-ST-ZIP	

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

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

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 00

Date

305-5530096

Daytime Phone #