

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90311 020 ***150.00

DOCUMENT # V46979

1. Entity Name

PAYLESS FLEA MARKET, INC.

Principal Place of Business

2941 EAST LAS OLAS BLVD.
 FT. LAUDERDALE FL 33316

Mailing Address

~~1025 HARRISON STREET~~
~~HOLLYWOOD FL 33020-5017~~

2. Principal Place of Business

3. Mailing Address

2941 E. LAS OLAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL.

Zip

Country

Zip

Country

33316

USA

4. FEI Number

65-1351889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, JUDITH A
1925 HARRISON STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

PETER P. PARTS, CPA

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

4045 NW 16th STREET

Suite 111

City

FT LAUDERDALE

FL

Zip Code

33313

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DPS**
 STREET ADDRESS **ASULIN, ISAAC**
 CITY-ST-ZIP **2941 EAST LAS OLAS BOULEVARD**
FT. LAUDERDALE FL 33316

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

ISAAC ASULIN
PRESIDENT

4/28/00

Date

(954) 731-7245

Daytime Phone #

CR2E034 (9/99)