2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54240

1. Entity Name

F. S. STORES, INC.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90125 010 ***158.75

MAIN FL 3366 SUE, Apt. 4 etc. Subta, Apt. 4, etc. City & State A. If it Number of Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agent Name Secondary of New Registered Agent Name Secondary of New Registered Agent 7. Name and Address of New Registered Agent Secondary of New Registered Agent Name Secondary of New Registered Agent Name Secondary of New Registered Agent Secondary of New Registered Agent Name Secondary of New Registered Agent Name Secondary of New Registered Agent Name Secondary of New Registered Agent Seconda							V	CO WES	E 23					
Serior April Place of Businesse 3. Mailing Address Surg. April 4, etc.	5800 N.W. 74	TH AVENUE	3		5800	N.W. 74TH AVENUE								
Sulto, Apr. 8. otc. City & State Country Zp Country Zp Country Zp Country Zp Country Zp Country Sp. Country Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address o	US				US									
City & State S. Country Country S. Country	2. Principal Place of Business					3. Mailing Address							17 1 17 117 17 7 17 1	
E. Country Zip Country S. Corridose of Status Desired To Name and Address of Current Registered Agent To Name and Address (P.O. Box Namber is Not Acceptable) Street Address (P.O. Box N	Suite, Apt. #, etc.					Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES	}	
Zip Country Zip Country St. Certificate of Status Desired St. 7 Additional Proc Population St. 7 Additional Proc Population St. 7 Name and Address of New Registered Agent T. Name and Address T.	City & State					City & State				4. FEI Number CE 0247701	· · · · · · · · · · · · · · · · · · ·	A	pplied For	
So Name and Address of Current Registered Agent Name	Zip Country				Zip	Zip Country					_			
Name Use Name Use Set Set										Fee Required				
BARED, JOSE S800 N.W. 74TH AVE. MIAMI FL 33166 Street Address (P.O. Box Number a Not Acceptable) S800 N.W. 74 th Ave City Min vi FL Zig Code 3316C S. 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. I am Israiliar with, and accept the colligations of registered agent. SIGNATURE SIGNATURE SIGNATURE File NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. NAME BARED, JOSE SWIFT ADDRESS S000 N.W. 74TH AVENUE OFFICERS AND DIRECTORS 11. NAME SIRET ADDRESS SOON N.W. 74TH AVENUE OFFICERS AND DIRECTORS 11. NAME SIRET ADDRESS CITY-S1-2P TILE MAMA FL 33166 TILE MAME SIRET ADDRESS CITY-S1-2P TILE MAME SIRET ADRESS CITY-S1-2P TILE TILE TILE TILE TILE TILE TILE TILE		6. Name						Neme		7. Name and Address of New I	Registered A	gent		
Steel Address FU. So Number is Not Acceptable						Jun Jun				n Diaz, Bag.				
MIAMI FL 33166 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and accept in the property of present agent agent. SIGNATURE SUBMIT Su						Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of registered agent. Signature	l .					5800 N			ON	w 744 AVE	*** 1			
SIGNATURE Signature Signature Signature Signature of registered agent and title if applicable (NOTE Registered Agent signature recursed when reinstature) DATE							ŀ	City Min	mi		FL			
FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BARED, JOSE \$800 N.W. 74TH AVENUE TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS STRET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADD	8. The above the obligat	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. Lam familiar with, and accept												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		Signature, typed o	or printed name of	l registered agent	and title if app	licable (NOTE	· Registered	Arient signature	required			23		
After May 1, 2003 Fee will be \$550,00 May Be Make Check Payable to Florida Department of State 10.						(101)	z. negiateroo	Agent signature	Tedulled (when remstating)	DAIE			
Make Check Payable to Florida Department of State 10.	Afte	r May 1, 200	3 Fee will	be \$550.00						, -	~ ~			
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		K Payable to												
NAME STREET ADDRESS CITY-ST-ZIP	· ·	lop.	OF	FICERS AND	DIRECTO			1		ADDITIONS/CHANGES TO OFF				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			SF			☐ Delete						∐ Change	Addition	
CITY-ST-ZIP MIAMI FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP				NUE		N								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP						CITY-	ST-ZIP			-		{	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE					Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				Dolar.	+						- Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			☐ Delete					1	unange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS						STREE	T ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP						CITY-S	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP		ı												
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP								i						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP		,				Delete						Chapan	□ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						∟ Delete						change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						•		T ADDRESS					ĺ	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP							i i						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE					☐ Delete	TITLE			178 - 844		Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	1						NAME					-		
	STREET ADDRESS							i						
		ortification	inform - *	I	ALL PHI	dana anti-	_							

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

02/24/03

305. 471-514/

Daytime Phone #