Applied For

\$8.75 Additional

Fee Required

Not Applicable

2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** V69832 1. Entity Name THRIFT SHOPS OF WEST DADE INC. Principal Place of Business Mailing Address 901 E 10TH AVE 3141 W HALLANDALE BEACH BLVD BAY 29 & 30 HALLANDALE FL 33009 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Paddock Road 2420 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0367687 Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITTLE, ILEEN Street Address (P.O. Box Number is Not Acceptable) 3141 W HALLANDALE BCH BLVD

FILED Jul 31, 2002 8:00 am Secretary of State

07-31-2002 90098 001 *1,800.00

98017

DO NOT WRITE IN THIS SPACE

HALLANDALE FL 33009						
			City		Zip Code)
8. The above the obligat	e named entity submits this statement for the tions of registered agent.	purpose of changing its regis	tered office or registered	-	- 1	and accept
SIGNATURE	Signature, typed or printed name of registered agent and ti	tte if applicable. (NOTE: Regis	stered Agent signature required whe	en reinstating) DA	TE.	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 13, 2 Make Check Payable		EE IS \$550.00 2 Fee will be \$750.00	Election Campaign Financing Trust Fund Contribution.	\$5.00	May Be to Fees	
11.	OFFICERS AND DIR	ECTORS 1	2.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LITTLE, ILEEN 3141 W HALLANDALE BCH BLVD HALLANDALE FL 33009		TITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOUGLAS, MARC 3141 W HALLANDALE BEACH BLVD HALLANDALE FL 33000		ITLE IAME TREET ADDRESS DITY-ST-ZIP		☐ Change	Addition
TITLE Name Street address City-St-Zip	DCFO WILEY, STEPHEN 3141 W HALLANDALE BEACH BLVD HALLANDALE FL 33009	N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	N S	ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N S	TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N. Si	TLE AME IREET ADDRESS TY-ST-ZIP		☐ Change	☐ Addition
of the corp	ertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address with a	and accurate and that my signed to execute this report as red				

NO OFFICE OR DIRECTOR SIGNATURE