

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90062 032 \*\*\*155.00

**DOCUMENT # P95000079620**

1. Entity Name  
**UNITED DOLLAR INC.**

Principal Place of Business  
 7900 NW 27TH AVE.  
 STE 79 NORTHSIDE SHOPPING  
 MIAMI FL 33147  
 US

Mailing Address  
 7900 NW 27TH AVE.  
 STE 79. NORTHSIDE SHOPPING  
 MIAMI FL 33147-4902  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 693192**  
 Suite, Apt. #, etc.

City & State

City & State  
**Miami Fla.**

4. FEI Number  
**65-0644997**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33269 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAGANI, FIRDOUS**  
**7900 N.W. 27TH AVE.**  
**SUITE 79 NORTHSIDE SHOPPING CENTER**  
**MIAMI FL 33147**

Name **FIRDOUS CHAGANI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19710 N.E 10<sup>th</sup> COURT**  
 City **N. MIAMI BEACH FL** Zip Code **33179**

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 **FIRDOUS CHAGANI** DATE **1-8-2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>PVPS CHAGANI, FIRDOUS 7900 NW 27TH AVE, STE 79 MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** Date **1/8/2000** Daytime Phone # **(305) 691-6480**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR