

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90491 036 ***150.00

DOCUMENT # G55551



1. Entity Name
DOLLARS AND DEALS CORPORATION

Principal Place of Business

**1649 NW 27 AVE
MIAMI FL 33125
US**

Mailing Address

**1649 NW 27 AVE
MIAMI FL 33184
US**

2. Principal Place of Business

**11740 S.W. 15 ST
Suite, Apt. #, etc.**

3. Mailing Address

**11740 S.W. 15 ST
Suite, Apt. #, etc.**

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33184

Country

U.S.

Zip

33184

Country

U.S.

4. FEI Number

59-2307026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BETANCOURT, TERESITA
11740 SW 15 STREET
MIAMI FL 33184**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

(TERESITA Betancourt) President 01-10-03.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **BETANCOURT, EDUARDO**
STREET ADDRESS **11740 SW 15TH ST**
CITY-ST-ZIP **MIAMI, FL-00000**

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

TITLE **PD** ☐ Delete
NAME **BETANCOURT, TERESITA**
STREET ADDRESS **11740 SW 15TH STREET**
CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(TERESITA Betancourt)

01-10-03

Date

Daytime Phone #

**305
553-7467**

CR2E034 (10/02)