2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115233					Secretary of State			
DOLLAR	MART USA #2, INC.	ļ.			04-24-2002	90327 024 ***150).00	
Principal Place of Business 8211 WEST BROWARD BLVD #410 PLANTATION FL 33324		Mailing Address 8211 WEST BROWARD BLVD #410 PLANTATION FL 33324			B0076727			
Principal Place of Business 3. Mailing A		3. Mailing Address	illing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEL Number 65 - 1063 488		pplied For ot Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current I	l Realstered Agent	<u>:</u>	7.	Name and Address of New R			
PLANTAT	ST BROWARD BLVD #410 3 50 ION FL 33324 named entity submits this statement for	the pumpose of changing it	Pla	11 W. UTAGO	Box Number is Not Acceptable BROWARD #	FL Zing	3321	
Ţax filing i	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW	TE: Registered Agent signa 1111 FEE IS \$150. 002 Fee will be \$ 1ble to Departmen	.00 550.00	10. Election Campaign Fin Trust Fund Contributio	· _ +0.0	00 May Be	
11.	OFFICERS AND I	DIRECTORS	12.	ΑC	DITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTTA, FRANK A 8211 WEST BROWARD BLVD #4 PLANTATION FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTTI	A FRANK A W BROWARD	B(v) 516 3 - 33324	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD M'SAHAL, ABDEL M 8211 WEST BROWARD BLVD #4 PLANTATION FL 33324	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARRY, SHAHID M 8211 WEST BROWARD BLVD #4 PLANTATION FL 33324	₩ Delete_	TITLE NAME STREET ADDRESS CITY-ST-ZIP	a		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete :	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, y	true and accurate and that wered to execute this repor	my signature shall he as required by Ch	nave the same	legal effect as if made under of	oath; that I am an officer	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #