2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am P01000002009 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90149 017 ***150.00 MY DOLLAR STORE, CORPORATION Principal Place of Business Mailing Address 12193 PEMBROKE ROAD 12193 PEMBROKE ROAD PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1069 701 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIZZARRO, DAISY Street Address (P.O. Box Number is Not Acceptable) 17035 NW 22TH ST. PEMBROKE PINES FL 33028 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Addition TITLE □ Delete PIZZARO, DAISY NAME MAME 17494 SW 22 ST STREET ADDRESS 17035 NW 22ND ST STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE PIZZARO, SANDRA NAME NAME 11600 SW 25+ #301 STREET ADDRESS 17010 SW 36TH CT STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33127 CITY-ST-ZIP TITLE TITLE Delete -NAME PIZARRO, HERNANDO NAME STREET ADDRESS STREET ADDRESS 17035 NW 22ND ST 33027 CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.