

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90120 006 ***150.00

DOCUMENT # P01000007751

1. Entity Name
DOLLAR BAZAAR INC.

Principal Place of Business

513 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address

513 PONCE DE LEON BLVD
CORAL GABLES FL 33134

2. Principal Place of Business

10261 PINES BLVD
Suite, Apt. #, etc.

3. Mailing Address

10261 PINES BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL

Zip
33026

Country
U.S.A.

City & State
PEMBROKE PINES, FL

Zip
33026

Country
FL

4. FEI Number

65-1069748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NANGIA, BASANT K
513 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NANGIA, BASANT K
513 PONCE DE LEON BLVD
CORAL GABLES FL 33134

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NANGIA BASANT K.
10261 PINES BLVD
PEMBROKE PINES FL-33026

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Basant K. Nangia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT: 4-19-02 (954) 392-5833
Date Daytime Phone #

CR2E034 (9/01)