2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011533 1. Entity Name DOLLAR CONNECTION II, INC.				Secretary of State 02-21-2002 90171 017 ***150.00
Principal Place of Business Mailing Address 8964 NW 40TH ST. 8964 NW 40TH ST. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065				
2. Principal Place of Business 3291 W. Sunrise Blvd. 8964 NW 40Hh Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State		City & State	s, fil.	4. FEI Number Applied For Not Applicable
333 I		^{Zip} 33065	Country U.S. A	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Registered Agent
KAYYALI, HANI 8964 NW 40TH ST. CORAL SPRINGS FL 33065				dress (P.O. Box Number is Not Acceptable)
OUTUL OF	TIM (35 1 2 55555		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 After May 1, 2002 Fee will Make Check Payable to Depa			2 Fee will be \$5	50.00 Trust Fund Contribution. Added to Fees
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAYYALI, HANI 8964 NW 40TH ST. CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hani Kayyali, St 8964 NW 40th St Coral Springs, fl. 33065
TITLE NAME	PTVS KAYYALI, HANI 8964 NW 40TH ST. CORAL SPRINGS FL 33065	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adnan Dawwas Change PAddition 620 NE 7th St. Fl 33060
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is:	true and accurate and that me wered to execute this report a	w signature shall ha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

DUIREDHani S. KayyaLi

954-849-4032