

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Sep 16, 2003 8:00 am**  
**Secretary of State**

8/2:

08-22-2003 90105 002 \*\*\*150.00

**DOCUMENT # P01000015576**

1. Entity Name  
**YOSI'S DOLLAR STORE CORPORATION**



Principal Place of Business  
**156 NW 57 AVE  
MIAMI FL 33128**

Mailing Address  
**156 NW 57 AVE  
MIAMI FL 33128**

**55056575**

2. Principal Place of Business  
**156 NW 57 AV**

3. Mailing Address  
**156 NW 57 AV**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number  
**65-1077497**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
**33126**

Country  
**DOE**

Zip  
**33126**

Country  
**DOE**

6. Name and Address of Current Registered Agent

**JEREZ, ALONSO**  
**156 NW 57 AVE**  
**MIAMI FL 33128**

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: *Alonso Jerez* **President** *Sonia Arrechevala* **08-19-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEREZ, ALONSO</b>	NAME	
STREET ADDRESS	<b>156 NW 57 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARRECHAVALA, SONIA</b>	NAME	
STREET ADDRESS	<b>156 NW 57 AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33128</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Alonso Jerez* REQUIRED** **August 19/03** **786-388-1808**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)

Attachment

55056575  
#P01000015576

AFFIDAVIT

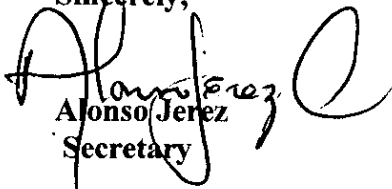
This is to certify that we never received the original Filing Fee Return from Tallahassee, Department of State, for our Corporation, in time for proper filing.

Our Corporation name is: YOSI'S DOLLAR STORE CORPORATION.

Document No. P01000015576.

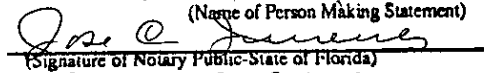
Please take this in consideration since we are a very small and family business.

Sincerely,

  
Alonso Jerez  
Secretary

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn (or affirmed) and subscribed before me this 10<sup>th</sup> day of Sept, 19 03 by ALONSO JEREZ  
(Name of Person Making Statement)

  
(Signature of Notary Public-State of Florida)

JOSE C. JIMENEZ  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known  or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_



Jose C. Jimenez  
Commission #DD159168  
Expires: Oct 30, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.