2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000042088 **DOCUMENT #**

1. Entity Name

MILFORT DOLLAR STORE, INC.



FILED Mar 05, 2003 8:00 am Secretary of State
03-05-2003 90051 022 ***150.00

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City & State City & State City & State City & State Country Country Country Sp. 3.818 Country Sp. 4. Fet Number 59-3733943 Not Applied Not Applied File Registered Agent Name	2. Principal P	ace of Busin		62	12 Silver	ste	r Ro	ad				 	10111 1011 1801
Spanish Span	Suite, Apt.	#, etc.	FL	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Singer Andress of Current Registered Agent Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent Street Address of PO-Box Number is Not/Acceptable] FLL Zp Code City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and an the obligations of Florida. I am familiar with, and an the obligations of Florida. I am familiar with, and an the obligations of Florida. I am familiar with, and an the obligations of Florida. I am familiar with, and an the obligations of Florida. I am familiar with, and an the obligations of Florida. I am familiar with, and a	City & State	9	- 	City	& State				4, F	FEI Number 59-37339	43	<u> </u>	plied For ot Applicable
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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 as the obligations of registered agent. SIGNATURE Signature, hyperd or orthoid name of registered agent and title 1 applicable. (NOTE Registered Agent signature sequence when remaining) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILEOTT, MARIE G STREET ADDRESS S	519 BRIG	HTON WAY	•		ه یک چیک د	order gerer om	Street A	ddress (F	P.O.ªB	3ox Number is Not Accepta			
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12. I beroby partify that the information appoiled with this filling door not qualify for the exampling stated in Section 110.07(2)(i). Florida Statutas, I further partify that the information	NAME STREET ADDRESS CITY-ST-ZIP					NAME STREE CITY-	ET ADDRESS - ST-ZIP	li a		440 07(0)(1) 57			Addition

r nereby certify that the information supplied with this fulling does not quality 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: YOURS POTENTED NAME OF SIGNATURE OF CONTROL OF SIGNATURE AND FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-381-1549

02/07/03