## FOR PROFIT CORPORATION

May 17, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # PO 1000 847602 05-17-2002 90033 041 \*\*\*150.00 El Bombazo Dollar Store & Discount, Com DO NOT WRITE IN THIS SPACE 2. Principal Place of Business
464 W 51 Place 3. Mailing Address 464W5 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cjty, & State 4. FEI Number Applied For Hialean Hia lear 65-1102374 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3301Z Fee Required 7. Name and Address of Current Registered Agent olanda Rodriguez DO NOT WRITE IN THIS SPACE 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) January 1 - May 1 Fee is \$150.00 / 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution, (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TIFLE CR2E034B (12/01) Yolanda Rodrique L NAME NAME 7355 W. 3 COURT AST 31. Aialea 4 FL 37014 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIF CITY-ST-ZIP TITLE TITI F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 on an attackment with an address with an address with the production.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:∠≼

NAME

STREET ADDRESS

**FILED**