

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90240 042 ***150.00

01/10/03 AV

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1. Entity Name
CARMEN .99 CENTS-PLUS, CORP.



Principal Place of Business

**845 W SUPERIOR ST
OPA LOCKA FL 33054**

Mailing Address

**845 W SUPERIOR ST
OPA LOCKA FL 33054**

2. Principal Place of Business

194 East 4th Avenue

Suite, Apt. #, etc.

3. Mailing Address

194 East 4th Avenue

Suite, Apt. #, etc.

City & State
Hialeah Florida

Zip Country
33010 U.S.A.

City & State
Hialeah Florida

Zip Country
33010 U.S.A.

4. FEI Number
65-1117237

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GONZALEZ, MARIA
845 W SUPERIOR ST
OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name
CARIDAD MARTINEZ DELGADO
Street Address (P.O. Box Number is Not Acceptable)
194 East 4th Avenue
City
Hialeah FL Zip Code **33010**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE PD ☒ Delete
NAME **GONZALEZ, MARIA**
STREET ADDRESS **845 W SUPERIOR ST**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **CARIDAD MARTINEZ DELGADO**
STREET ADDRESS **3520 NW 79 Street #F-624**
CITY-ST-ZIP **Miami FL 33147**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARIDAD MARTINEZ DELGADO 4/28/2003 (305)362-9139

Date

Daytime Phone #

CR2E034 (10/02)