

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90076 016 ***150.00

DOCUMENT # P01000082133

1. Entity Name
GLORIA DISCOUNT 99 CENTS, INC.

Principal Place of Business
801 W. LAKE WOOD ROAD #2
WEST PALM BEACH FL 33405

Mailing Address
801 W. LAKE WOOD ROAD #2
WEST PALM BEACH FL 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4596 CRESTHAVEN BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
4596 CRESTHAVEN BLVD
 Suite, Apt. #, etc.

City & State
WEST PALM BCH, FL
 Zip Country
33415

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WEST PALM BCH, FL
 Zip Country
33415

4. FEI Number
65-1135413

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, GLORIA L
801 W. LAKE WOOD ROAD #2
WEST PALM BEACH FL 33405

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.

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

9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, GLORIA L 801 W. LAKE WOOD ROAD #2 WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria L Valdes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/14/02

Daytime Phone #

CR2E034 (9/01)