

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 004 ***150.00

DOCUMENT # PQ1000082324

1. Entity Name

MULTI PRODUCTS DOLLAR STORE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8074 NW 103RD ST

Suite, Apt. #, etc.
STE 8 & 9

City & State
HIALEAH GARDENS FL

Zip
33016

Country
USA

3. Mailing Address

8074 NW 103RD ST

Suite, Apt. #, etc.
STE 8 & 9

City & State
HIALEAH GARDENS FL

Zip
33016

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1131294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VALDES, CARMEN

Street Address (P.O. Box Number is Not Acceptable)

8074 NW 103RD ST

STE 8 & 9

City

HIALEAH GARDENS

FL

Zip Code
33016

**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)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, CARMEN 8074 NW 103RD ST STE 8 & 9 HIALEAH GARDENS, FL 33016
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IN THIS SPACE**

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)