

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

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

05-05-2003 91758 041 ***150.00

DOCUMENT # P01000082324

1. Entity Name

MULTI PRODURCTS DOLLAR STORE, INC.



DO NOT WRITE IN THIS SPACE

JUL16011U

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

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

FL

Zip Code

33016

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME VALDES, CARMEN
STREET ADDRESS 8074 NW 103RD ST STE 8 & 9
CITY-ST-ZIP HIALEAH GARDENS, FL 33016

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen Valdes CARMEN VALDES 4/30/03 305 819 910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)