

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90005 008 ***150.00

DOCUMENT # P01000087003

1. Entity Name
DOLLAR STAR OF DISCOVER MILLS, INC.

Principal Place of Business

16725 NW 20TH AVENUE
MIAMI FL 33056

Mailing Address

16725 NW 20TH AVENUE
MIAMI FL 33056

2. Principal Place of Business

5900 SUGAR LOAF AVE
Suite, Apt. #, etc.
#405

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAWRENCEVILLE, GA

City & State

LAWRENCEVILLE, GA

Zip

30043

Country

U.S.A.

Zip

30043

Country

U.S.A.

4. FEI Number

65-1136584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD I. HERTZ, P.A.
C/O BROAD AND CASSEL
ONE NORTH CLEMATIS STREET SUITE 500
WEST PALM BEACH FL 33401

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

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)

☐

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HABER, KENNETH	
STREET ADDRESS	16725 NW 20TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GOLDMAN, MARTIN	
STREET ADDRESS	16725 NW 20TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GOLDMAN, SHERI	
STREET ADDRESS	16725 NW 20TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02 (305) 621-6889

CR2E034 (9/01)