

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90224 020 \*\*\*150.00

**DOCUMENT # P01000095242**

**1. Entity Name**  
**DOLLAR SAVER'S STORE, CORP.**



**Principal Place of Business**  
7355 SW 162 PL.  
MIAMI FL 33193

**Mailing Address**  
7355 SW 162 PL.  
MIAMI FL 33193

**2. Principal Place of Business**

4237 N.W., 107 Ave  
Suite, Apt. #, etc.

**3. Mailing Address**

4237 N.W., 107 Ave.  
Suite, Apt. #, etc.

**City & State**

Miami, Florida

**City & State**

Miami, Florida

**Zip**

33178

**Country**

U.S.A.

**Zip**

33178

**Country**

U.S.A.

**4. FEI Number**

APPLIED FOR

**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**

VALARINO, BEATRIZ V  
7355 SW 162 PL.  
MIAMI FL 33193

**7. Name and Address of New Registered Agent**

**Name**

Valarino, Beatriz V

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

4237 N.W., 107 Ave

**City**

Miami

**FL**

**Zip Code**

33178

**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 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** P ☐ Delete  
**NAME** VALARINO, BEATRIZ V  
**STREET ADDRESS** 7355 SW 162 PL.  
**CITY-ST-ZIP** MIAMI FL 33193

**TITLE** V ☒ Delete  
**NAME** FOSCHI, GABRIELA  
**STREET ADDRESS** 7355 SW 162 PL.  
**CITY-ST-ZIP** MIAMI FL 33193

**TITLE** S ☒ Delete  
**NAME** PEREZ, ALFONSO  
**STREET ADDRESS** 9431 FONTAINEBLEAU BLVD, #202  
**CITY-ST-ZIP** MIAMI FL 33172

**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** PRESIDENT ☐ Change ☐ Addition  
**NAME** Valarino, Beatriz V  
**STREET ADDRESS** 4237 N.W., 107 Ave  
**CITY-ST-ZIP** Miami, Florida 33178

**TITLE** DIRECTOR ☒ Change ☐ Addition  
**NAME** JOSE E. PEREZ  
**STREET ADDRESS** 4237 N.W., 107 Ave  
**CITY-ST-ZIP** Miami, Florida 33178

**TITLE** DIRECTOR ☒ Change ☐ Addition  
**NAME** Katherine Miller  
**STREET ADDRESS** 4237 N.W., 107 Ave.  
**CITY-ST-ZIP** Miami, Florida 33178

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Valarino, Beatriz V

04/01/03

436-8944

CR2E034 (10/02)