2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FIFD DOCUMENT # P02000005022 03 OCT 17 AM 11:33 1. Entity Name A & M DOLLAR STORE INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 8876 S.W. 24TH ST. 8876 S.W. 24TH ST. MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #. etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FFI Number Applied For 26-0040041 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Dealred [2] 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREIRA, YURI P PST 2445 S.W. 21ST STREET MIAMI, FL 33145 aly MIAM Zip Code B. 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. (NOTE: Registered Agent signature required when reinstacted and title if applicable. FILE NOWILL FEE IS \$150,00 After May 1: 2003 Fee will be \$550,00 Amended UBR is \$81.26 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ZENAIDA ROSONYAME 73705W 345T CRZE034 (10/02) TITLE 🔽 Delete TITLE PEREIRA, YURI F PST NAMÉ NAMÉ 8290 LAKE DR APT#234 STREET ADDRESS STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZP CITY-ST-7IP MIAMI 33/00 TITLE TITLE ☐ Change Addition 🔂 Delete NAME PEREIRA, ANDRES E S NAME STREET ADDRESS 8290 LAKE DR APT#234 STREET ADDRESS MIAMI, FL 33165 CRY-ST-ZIP CITY-ST-ZP <u>-000023921240</u> ☐ Delete 10/17/03--01099--001 49999 25 Addition TITLE TITLE NAMÊ NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZP CHY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-57-21P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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. 10/15/03