

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000063853

1. Entity Name **MI ESPERANZA DOLLAR STORE, INC.**

FILED

04 APR 12 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2955 West 12 Ave, Hialeah, Fla. 33012
Mailing Address: 2955 West 12 Ave, Hialeah, Fla. 33012

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.
City & State: City & State
Zip: Country

4. FEI Number: 043684957
5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SOREN MOREDA
6539 West Flager Street #28
Miami, Fla. 33144

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, 2004 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PTSD	<input type="checkbox"/> Delete
STREET ADDRESS	SOREN MOREDA	
CITY-ST-ZIP	6539 West Flager St. #28	
	Miami, Fla. 33144	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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TITLE NAME		<input type="checkbox"/> Delete
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TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

-900032776979
04/15/04--01011--027 ~~\$150.00~~ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)

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