

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90946 044 ***150.00

DOCUMENT # **P02000070640**

1. Entity Name

**D & M VARIETY STORE
INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1792 SAYABEC ST NW

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALMBAY FL

City & State

4. FEI Number

030466956

Applied For

Not Applicable

Zip

32907

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

APRIL PEACH

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

660 W OAKLAND PK BLVD

City

FT LAUDERDALE

FL

Zip Code

33311-1728

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

April Peach

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

(NOTE: Registered Agent signature required when reinstating)

4/7/03

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 **P**
NAME **MERLANDE MELIDOR**
STREET ADDRESS **1792 SAYABEC ST NW**
CITY-ST-ZIP **PALMBAY FL 32907**

TITLE **DELETE**
NAME **MARIA MONDESIR**
STREET ADDRESS **503 NW 43 CT**
CITY-ST-ZIP **OAKLAND PK FL 33309**

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**DO NOT WRITE
IN THIS SPACE**

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:

MERLANDE MELIDOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

Daytime Phone #

CR2E034B (12/02)