

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078570

1. Entity Name

DOLLAR DEAL INC



FILED

03 APR 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

226 WILSHIRE BLVD

3. Mailing Address

266 WILSHIRE BLVD

Suite, Apt. #, etc.
SUITE 127

Suite, Apt. #, etc.
SUITE 127

City & State
CASSELBERY, FL 32707

City & State
CASSELBERY, FL 32707

Zip 32707 Country USA

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4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MUNIRA KAMALUDDIN LAKHANI

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

266 WILSHIRE BLVD
SUITE 127,

City CASSELBERY, FL 32707 FL Zip Code 32707

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MUNIRA KAMALUDDIN LAKHANI 266 WILSHIRE BLVD, SUITE 127 CASSELBERY FL 32707,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KAMALUDDIN ABDUL MALIK LAKHANI 266 WILSHIRE BLVD SUITE 127, CASSELBERY FL 32707,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MUNIRA KAMALUDDIN LAKHANI 266 WILSHIRE BLVD, SUITE 127 CASSELBERY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER KAMALUDDIN ABDUL MALIK LAKHANI 266 WILSHIRE BLVD, SUITE 127 CASSELBERY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: MUNIRA KAMALUDDIN LAKHANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/12/03

Daytime Phone 407-2633000

CR2E034B (12/02)