

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90059-022-\$150.00-\$150.00

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AV

DOCUMENT # P02000103715

1. Entity Name
99 CENT SUPER STORES, INC.



03 OCT 22 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7774 NW 44TH STREET
SUNRISE FL 33351

Mailing Address
7774 NW 44TH STREET
SUNRISE FL 33351



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

RESTATEMENT
CHECK HERE IF MAKING CHANGES **03**

4. FEI Number
05-0532438

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AHARON, SHMUEL
7774 NW 44TH STREET
SUNRISE FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when restate.) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AHARON, SHMUEL 7774 NW 44TH STREET SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 9/5/03 7/19/03 954-578-7519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment 8046129

99 Cent Super Store Inc

7774 NW 44th St
Sunrise FL 33351

July 17, 2003

Florida Department of State
Division Of Corporation
PO Box 6327
Tallahassee FL 32314

Dear Sir or Madam:

Re: UBR 2003 Report for P02000103715

I have received the attached UBR form and enclosed is a check for \$150.00 the filling fee.

I ask the Department of State to wave the penalty of \$400.00 because we have not received the 1st UBR notice.

I appreciate your cooperation in the matter.

Sincerely,

Shmuel Aharon
President

9/4/03