2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State

DOCUMENT # p930000786 9 8 1. Entity Name								Secretary of State 05-24-2000 90182 041 ***150.00			
7	a = D ==	llam Caloo	Tna				}				
American Dollar Sales, Inc. Principal Place of Business Mailing Address											
Principal Flac	æ or busin	ess	Mailing Addi								
454 N.V Store		nd Ave.	454 N.W. 22nd Ave. Store 99				ļ				
Miami, FL 33125			Miami, FL 33125-3354				ı	103161			
2. Principal Place of Business			3. Mailing Address				7				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				7	DO NOT WRITE IN THIS SPACE			
City & State			City & State					El Number -0447981		Applied For Not Applicable	lel
Zip	Country		Zip Co			untry		5. Certificate of Status Desired 58.75 Additional Fee Required			
	6. Name	and Address of Current	Cealstered Ac	lent	<u> </u>		7. Na	ame and Address of New Registers			\dashv
Na:											
							Street Address (P.O. Box Number is Not Acceptable)				
Gonzale											
14253					City		F		Zip Code	┨	
Miami, 8. The above			for the purpos	e of changing	ng its reg	istered office o	r register	red agent, or both, in the State of Flor			-
) 	ء صحب	ستهيد يهامتنيست والمد	-	· · -		<u></u>		سنند بيانيفاهالحاليفيتولي	<u> </u>		-
SIGNATURE		typed or printed name of regist	ered egent and t	itle if applicab		/NOTE: Begisters	ad Anant si	ignature required when reinstating)	DATE		
<u> </u>	aignatule, i	Space of butter using or regist	arac agailt and t	itte ii applicat		(NOTE: Negistare	- About at	Ignature reduied when remistating/	DAIL		-{
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X						will be \$550		10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11.		IRECTORS 12.				ADDIT	IONS/CHANGES TO OFFICERS AN	ID DIRE	CTORS IN 11	בֻר	
TITLE	D/P/		Delete TITLE			· I				Change Addition	n lig
NAME		alez, Jose I			NAM	E EET ADDRESS					Z 2
STREET ADDRESS CITY - ST - ZIP		3 S.W. 48th i, FL 33125	Terr.			- ST - ZIP					
TITLE	Lintain	II, EH JULZU		Defete	ΠπL				7	Change Addition	끡꾨
NAME			,		NAM	E			ليا	٠ ـــا	١
STREET ADDRESS	1					EET ADDRESS					1
CITY - ST - ZIP						- ST - ZIP					
TITLE				Delete	TITL!	- I			LJ'	Change Addition	n
NAME STREET ADDRESS	l					EET ADORESS					1
CITY - ST - ZIP	J					- ST - ZIP					-
TITLE			<u> </u>	Delete	TITL	E				Change Addition	~]
NAME	<u></u>	محمدهم حب بديان	s			ε					-1
STREET ADDRESS	1					EET ADDRESS '• ST - ZIP)
CITY - ST - ZIP	├		 -	7 Delete						Change Addition	
NAME	1		l	Delete	TITL: NAM	j j			لـا	Change Addition	"}
STREET ADDRESS]					EET ADDRESS					
CITY - ST - ZIP	[CITY	' - ST - ZIP					╝
TITLE				Delete	пп.	E				Change Addition	'n]
NAME	1		•	_	NAM	I					1
STREET ADDRESS	ł					EET ADDRESS					1
CITY - ST - ZIP		n information accepts a "	h this ##= = =			'-ST-ZIP	ad in De-	tion 440 07/2)/i) Florid- Ctat.da- 15	uniba	actific that the	-
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 effective report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an effective report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an effective report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an effective report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an effective report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on a effective report as required by Chapter 607, Florida Statutes.											
SIGNAT						M. Gon:		7	15-5	41-7281	
SICIAN	UNE:				J J C	0011	<u> </u>				- 1