

FILED
Apr 11, 2008 8:00 am
Secretary of State

DOCUMENT # P94000074624

YES STORE 99 CENTS PLUS INC.



6745 W. 4TH AVENUE
HIALEAH, FL 33012

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HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

4. FBI Number
65-0517022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, YOLY
6745 W. 4TH AVENUE
HIALEAH, FL 33012

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IN THIS SPACE**

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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ALVARADO, VEITY C
STREET ADDRESS	320 WET 52 AVE.
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	SD
NAME	PULIDO, ANA E
STREET ADDRESS	6930 W. 2 COURT
CITY-ST-ZIP	HALEAH, FL 33014

☒ DELETE

TITLE	P
NAME	VALDES, YOLY
STREET ADDRESS	6745 W 4 TH AVE
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____