

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076368

1. Entity Name

DOLLAR STOP, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90027 024 ***150.00

Principal Place of Business

Mailing Address

2473 10TH AVE NO. 2
LAKE WORTH FL 33461
US

2473 10TH AVE NO.
LAKE WORTH FL 33461
US

2. Principal Place of Business

3. Mailing Address

2507 N DIXIE HWAY

2507 N DIXIE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

LAKE WORTH

Zip

FL

Country

33460

Zip

FL

Country

33460



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0550516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMERON, COLIN M ESQ.
321 DATURA ST.
WEST PALM BEACH FL 33401

Name

CHABRIA SARLA

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

18953 STILL LAKE DR

City

JUPITER

FL

Zip Code

33458

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 01-23-01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHABRIA, SARLA 18953 STILL LAKE DR. JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 01-23-01

CR2E034 (10/00)