FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079834 (5)**

1. Corporate Name

BIG 99 CENT PLUS, INC.

Principal Place of Business

412 NE 125TH ST
NORTH MIAMI FL 33161

Mailing Address

412 NE 125TH ST
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1994**

3a. Date of Last Report:

2. Principal Place of Business
21 **16446 N E 6TH AVE**
Suite, Apt. # or Bldg.: 22
City & State: 23 **NORTH MIAMI - FLORIDA**
ZIP: 24 **FL-33161** Country: 25 **U.S.A.**

2a. Mailing Address
26 **16446 N.E 6TH AVE**
Suite, Apt. # or Bldg.: 27
City & State: 28 **N. MIAMI - FLORIDA**
ZIP: 29 **FL-33161** Country: 30 **U.S.A.**

4. FEI Number: **65-0552004** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation is qualified for exemption tax under s. 196.192, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KABANI, SAJAD
412 NE 125TH ST
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section 607.0501 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	MOHAMMAD, ALEEM	NAME	
STREET ADDRESS	412 NE 125TH ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	KABANI, SAJAD	NAME	
STREET ADDRESS	412 NE 125TH ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	
TITLE	DST	TITLE	☐ Change ☐ Addition
NAME	KABANI, SHABANA	NAME	
STREET ADDRESS	412 NE 125TH ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: *Aleem Muhammad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEEM MUHAMMAD

04-25-95 (305) 748-7266

Date Daytime Phone #

0174403 CP