FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079834

1. Corporation Name

BIG 99 CENT PLUS, INC.

	e of Business	Mailing Address				1			
16446 NE 6TH AVENUE NORTH MIAMI FL 33161		16446 NE 6TH AVENUE NORTH MIAMI FL 33161							
US		US			DO NOT WRITE IN THIS SPACE				
03		00				3. Date Incorporated or Qualifed		-	
						10/31/1994			1
	···	10. 44.9/ 0.44				4. FEI Number		1 1 4	-liad Faa
2. Principal Pla	ace of Business	2a. Mailing Address							plied For
21		26				65-0552004			t Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
<u> </u>	•	28				Trust Fund Contribution			to Fees
23	Country Zip		Cou	Country					3,000
Zip	<u> </u>			at to y		8. This corporation owes the curr	ен уеаг пь	angible ⊠ ⊻es	™No
24	25	29	30		_	Personal Property Tax.	3-mintanad		البدر
	9. Name and Address of Curren	t Registered Agent		81	Maria	10. Name and Address of New I	registered /	Agent	
MAD	AND CASAD			87	Name	•			· [
KABANI, SAJAD				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	NE 125TH ST		UZ. Street Add				,		
NOR	TH MIAMI FL 33161			83					
				84	City		FL		Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida St	tatutes, the a	bove	-named corp	oration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change wa	as authorized	d by t	the corporation	on's board of directors. I hereby acce	ot the appoi	ntment as re	gistered
SIGNATURE									
	Signature, typed or printed name of registered agen			Agent	t signature require	d when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DP	☐ DELETE	E 1.1 T(TLE				☐ Change	☐ Addition
NAME	MOHAMMAD, ALEEM		1.2 N	AME					
STREET ADDRESS	412 NE 125TH ST		1.3 ST	TREET	ADDRESS				ĺ
CITY-ST-ZIP	NORTH MIAMI FL 33161			TV 07	-7(P				
GIFT-ST-ZIF			14 CI						
TOTAL	DV	☐ DELETE	1.4 CI					☐ Change	☐ Addition
TITLE	DV CALAD	☐ DELETE	E 2.1 TI	TLE				☐ Change	☐ Addition
NAME	KABANI, SAJAD	☐ DELETE	E 2.1 TI 22 N	ITLE AME				Change	☐ Addition
	KABANI, SAJAD 412 NE 125TH ST	☐ DELETE	2.1 TI 2.2 N/ 2.3 S	ITLE AME TREET	ADORESS			☐ Change	Addition
NAME	KABANI, SAJAD 412 NE 125TH ST NORTH MIAMI FL 33161		E 2.1 TI 2.2 N/ 2.3 S ³ 2.4 C	ITLE AME TREET CITY-ST	ADORESS				
NAME STREET ADDRESS	KABANI, SAJAD 412 NE 125TH ST	☐ DELETE	E 2.1 TI 2.2 N/ 2.3 S ³ 2.4 C	ITLE AME TREET CITY-ST	ADORESS			☐ Change	☐ Addition
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14. 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 annual report or supplemental annual 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

03-10-1999 90205 022 ***150.00

Mar 10, 1999 8:00 am / Secretary of State