

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013673

1. Entity Name

DANIA 99 CENTS, CORP.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90266 006 ***150.00

Principal Place of Business

1100 S.W. 104TH COURT
#206
MIAMI FL 33174

Mailing Address

9070 BISCAYNE BLVD
MIAMI SHORES
MIAMI SHORES FL 33138-3222

2. Principal Place of Business

312 East DANIA Beach

3. Mailing Address

1440 SW 76th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA - Florida

City & State

MIAMI - Florida

4. FEI Number

65-0560083

Applied For

Not Applicable

Zip

33004

Country

Broward

Zip

33144

Country

Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, RAFAEL R
1140 SW 76TH AVE
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

1440 S.W. 76th Avenue

City

Miami

FL

Zip Code

33144

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-00

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, 2000 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	TORRES, RAFAEL R	
STREET ADDRESS	1440 SW 76TH AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	TORRES, ZOILA B	
STREET ADDRESS	1440 SW 76TH AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

Date

954-929-2914

Daytime Phone #

CR2E034 (9/99)