

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90041 047 ***150.00

DOCUMENT # P95000017567

1. Entity Name
DOLLARS PURCHASE, INC.

Principal Place of Business

P. O. BOX 971028

MIAMI FL 33197

Mailing Address

P. O. BOX 971028

MIAMI FL 33197

B0101952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3705 N.W. 115 Ave

Suite, Apt. #, etc.

Bay 6-7

City & State

Miami FL

Zip

33178

Country

USA

3. Mailing Address

3705 N.W. 115 Ave

Suite, Apt. #, etc.

Bay 6-7

City & State

Miami FL

Zip

33178

Country

USA

4. FEI Number

65-0645875

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAMMONS, FOY D

HAMMONS & ASSOCIATES

2701 S. BAYSHORE DRIVE, #606

MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	RAMPERSAD, EDWARD	
STREET ADDRESS	2701 S. BAYSHORE DR., #606	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMPERSAD, DULCIE	
STREET ADDRESS	2701 S. BAYSHORE DR., #606	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAOWARINE, ELISA E.R.	
STREET ADDRESS	2701 S. BAYSHORE DR., #606	
CITY-ST-ZIP	MIAMI FL 33133	
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:

Elisa E. R. Rampersad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

305-852-9914

Daytime Phone #

CR2E034 (9/01)