

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90078 043 ***150.00

0500672

DOCUMENT # P96000053373

1. Entity Name

SUN DOLLAR, INC.

Principal Place of Business

**12874 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

Mailing Address

**12874 BISCAYNE BLVD.
NORTH MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0676360

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

SOOD, SANJAY

7501 E. TREASURE DRIVE

#5R

N BAY VILLAGE FL 33141

Name

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

3556 S.W. 173 WAY

City

MIRAMAR

FL

Zip Code

33029

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, 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 ☐ Delete
NAME **VP**
STREET ADDRESS **UDDIN, MOHAMMED J**
CITY-ST-ZIP **7501 E. TREASURE DR.
N BAY VILLAGE FL 33141**

TITLE ☒ Change ☐ Addition
NAME **12874 BISCAYNE BLVD**
STREET ADDRESS **N. MIAMI FL 33181**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SOOD, SANJAY**
CITY-ST-ZIP **7501 E. TREASURE DR.
N BAY VILLAGE FL 33141**

TITLE ☒ Change ☐ Addition
NAME **3556 S.W. 173 WAY**
STREET ADDRESS **MIRAMAR FL 33029**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/01

CR2E034 (10/00)