

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

4/21

04-28-2003 91832 045 ***150.00

DOCUMENT # P96000054927



1. Entity Name
DOLLAR SURPRISE, INC.

Principal Place of Business
**52 NW 24TH CT
MIAMI FL 33125**

Mailing Address
**52 NW 24TH CT
MIAMI FL 33125**

55042600



2. Principal Place of Business
10855 S.W. 72 ST

3. Mailing Address
7853 S.W. 56 ST.

Suite, Apt. #, etc.
16

Suite, Apt. #, etc.
A120

City & State
Miami, FL.

City & State
Miami, FL.

4. FEI Number
65-0681994

Applied For
Not Applicable

Zip
33178

Country
U.S.A.

Zip
33155

Country
U.S.A.

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

**GARCIA, JOSE
52 NW - 24TH COURT
MIAMI FL 33125**

Name
7853 S.W. 56 ST. # A120

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

Miami

City

FL

Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GARCIA, JOSE	
STREET ADDRESS	52 NW - 24TH COURT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 (305) 270-0205

Date

Daytime Phone #

CR2E034 (10/02)