

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009717

1. Entity Name

THE DOLLAR STORE AT DOWNTOWN MIAMI, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90083 004 ***150.00

Principal Place of Business

60 SE 1ST ST
MIAMI FL 33131
US

Mailing Address

5445 NORTHWEST 161ST STREET
MIAMI FL 33014-6124

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

16725 NW 20TH AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

Zip

33056

Country

4. FEI Number

65-0724729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, SHERI
5445 NW 161 ST
PH-SE
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

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

16725 NW 20TH AVE.

City MIAMI

FL

Zip Code 33056

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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, 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 P ☐ Delete

NAME HABER, KENNETH
STREET ADDRESS 5445 NORTHWEST 161ST STREET
CITY-ST-ZIP MIAMI FL 33014

TITLE V ☐ Delete

NAME GOLDMAN, MARTIN
STREET ADDRESS 5445 NORTHWEST 161ST STREET
CITY-ST-ZIP MIAMI FL 33014

TITLE ST ☐ Delete

NAME GOLDMAN, SHERRI
STREET ADDRESS 5445 NORTHWEST 161ST STREET
CITY-ST-ZIP MIAMI FL 33014

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME *[Handwritten]*
STREET ADDRESS 16725 NW 20TH AVE.
CITY-ST-ZIP MIAMI, FL 33056

TITLE ☒ Change ☐ Addition

NAME *[Handwritten]*
STREET ADDRESS 16725 NW 20TH AVE.
CITY-ST-ZIP MIAMI, FL 33056

TITLE ☒ Change ☐ Addition

NAME *[Handwritten]*
STREET ADDRESS 16725 NW 20TH AVE.
CITY-ST-ZIP MIAMI, FL 33056

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 305-621-6889

CR05034 7/0/00