

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031622

1. Entity Name

FLORIDA 99 CENT PLUS, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90062 034 ***150.00

Principal Place of Business

14742 S.W. 56TH STREET
MIAMI FL 33185

Mailing Address

14742 S.W. 56TH STREET
MIAMI FL 33185-4067

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0742073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESCALONA, GRACE
2780 S DOUGLAS RD
SUITE 207
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DSVP ESCALONA, JUSTO 14742 S.W. 56TH STREET MIAMI FL 33185	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCALONA, BETSY 14742 S.W. 56TH STREET MIAMI FL 33185	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ESCALONA, GRACE 2780 S DOUGLAS RD #207 MIAMI FL 33133	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X JUSTO ESCALONA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 3-23-00 X 305-3782500

Daytime Phone #

CR2E034 (9/99)