## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036852

1. Entity Name

AUXILIADORA DOS DOLLAR STORE, INC



## FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90216 010 \*\*\*150.00

90104341

## DO NOT WRITE IN THIS SPACE

	ace of Business INSON STREET	3. Mailing Address SAME										
Suite, Apt. #, etc.		Suite, Apt, #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State				4. FEI Number 65-0769312					Applied Not App	
Zip 33024	Country USA	Zip Count		try	5. Certificate of Status Desired			S8.75 Additional Fee Required				
	and the second s	and the same of th	2000		7	. Name	and Addr	ess of Curre	nt Registe	red Agen	t	
			Name PATRI			CIA HENRIQUEZ						
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)								
	ACE	6331 JOHNSO				N STREET .						
	as dat of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City HOLLYWOO						F	<b>L</b> 33	o Code 3 <b>024</b>	
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. Lam familiar with, and accept the obligations of registered agent.												
(ne obligatio	. Š	11.0										
SIGNATURE	X PATRICIA	HENRIDI								18/200	)3	
. :	Signature, typed or printed name of registered agent at	o tale il applicable (NOTE	: Registere	d Agent signatu	ure required w	men reinst.	atir:g)		DATE	<u>:</u>		
	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25							n Campaign I und Contribu	-		\$5.00 Ma Added to Fe	
	Payable to Florida Department of		<u> </u>			بل.			<del></del>			- ;
10.	OFFICERS AND D	DIRECTORS	100000		<u> </u>		<del> </del>				· · · · · · · · · · · · · · · · · · ·	
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12. I hereby co	ertify that the information supplied with	his filing does not qualify for	the exe	mption stat	ted in Sect	tion 119	.07(3)(i), FI	orida Statute	s. I further o	ertify tha	t the informa	ation

12. Thereby 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 path; 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 on an attachment with an address, with all other like empowered.

SIGNATURE

PATRICIA HENRIQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2003

Daytima Phone #