

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070282

1. Entity Name

DOLLAR STORE OF LAKELAND, INC.

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

04-12-2000 90146 037 ***150.00

Principal Place of Business

Mailing Address

3800 US HIGHWAY 98 NORTH
#872
LAKELAND FL 33809
US

5445 N.W. 161 STREET
MIAMI FL 33014-6124

2. Principal Place of Business

3. Mailing Address

16725 NW 20TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-0774644

Applied For

Not Applicable

Zip

Country

Zip

Country

33056

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

GOLDMAN, SHERI
5445 N.W. 161 STREET
MIAMI FL 33014

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

Sheri Goldman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

✓ 4/4/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME GOLDMAN, MARTIN
STREET ADDRESS 5445 N.W. 161 STREET
CITY-ST-ZIP MIAMI FL 33014

TITLE ☒ Change ☐ Addition
NAME *16725 NW 20TH AVE.*
STREET ADDRESS *MIAMI, FL 33056*
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HABER, KENNETH
STREET ADDRESS 5445 N.W. 161 STREET
CITY-ST-ZIP MIAMI FL 33014

TITLE ☒ Change ☐ Addition
NAME *16725 NW 20TH AVE.*
STREET ADDRESS *MIAMI, FL 33056*
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOLDMAN, SHERI
STREET ADDRESS 5445 N.W. 161 STREET
CITY-ST-ZIP MIAMI FL 33014

TITLE ☒ Change ☐ Addition
NAME *16725 NW 20TH AVE.*
STREET ADDRESS *MIAMI, FL 33056*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Sheri Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4/4/00

305-621-6889

CR2E034 (9/99)