

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093844

1. Entity Name  
LOU'S 99 CENT PLUS RETAIL STORE, INC.

Principal Place of Business  
10775 BISCAYNE BLVD  
MIAMI FL 33161  
US

Mailing Address  
10775 BISCAYNE BLVD.  
MIAMI FL 33161-7455

2. Principal Place of Business  
10775 Biscayne Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
Miami Florida

Zip Country  
33161 USA

City & State  
Same

Zip Country  
Same Same

## 6. Name and Address of Current Registered Agent

MICHEL, ZELIA  
175 N.E. 131ST STREET  
NORTH MIAMI FL 33161

4. FEI Number 65-0805683

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	DEUS, LOUBERT	
STREET ADDRESS	140 N.E. 138TH STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DEUS, FANETTE	
STREET ADDRESS	1540 N.E. 138TH STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CADET, FLORIDA	
STREET ADDRESS	1540 N.E. 138TH STREET	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Robert Deus 4/26/00 305-869-1007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)