2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000093844 DOCUMENT # 1. Entity Name 05-05-2003 91145 020 ***150.00 LOU'S 99 CENT PLUS RETAIL STORE, INC. Principal Place of Business Mailing Address 10775 BISCAYNE BLVD. 10775 BISCAYNE BLVD. **MIAMI FL 33161** MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address בררמו CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0805683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MICHEL, ZELIA Street Address (P.O. Box Number is Not Acceptable) 175 N.E. 131ST STREET NORTH MIAMI FL 33161 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE DEUS. LOUBERT NAME NAME STREET ADDRESS STREET ADDRESS 140 N.E. 138TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33162 ☐ Addition TITLE ☐ Delete TITLE Change DT NAME DEUS, FANETTE NAME STREET ADDRESS STREET ADDRESS 1540 N.E. 138TH STREET MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change -Addition DS-NAME NAME CADET, FLORIDA STREET ADDRESS STREET ADDRESS 1540 N.E. 138TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33162 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 adcurate 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

☐ Addition

Change