

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020614

1. Entity Name

MAGALY'S DOLLAR STORE CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90013 050 ***150.00

Principal Place of Business

Mailing Address

1944 NW 17 AVE. #C
MIAMI FL 33125

1944 NW 17 AVE. #C
MIAMI FL 33125-1544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State MIAMI-FL

City & State MIAMI-FL

4. FEI Number 65-0816287

Applied For
Not Applicable

Zip 33125 Country DADE

Zip 33125 Country DADE

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

RODRIGUEZ, JUSTA
1944 NW 17 AVE, #C
MIAMI FL 33125

Name RODRIGUEZ-JUSTA

Street Address (P.O. Box Number is Not Acceptable)

7811W 29way # 101-

City HIALEAH-

FL

Zip Code 33018

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 Justa Rodriguez

4/4/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME RODRIGUEZ, JUSTA
STREET ADDRESS 1944 NW 17 AVE, #C
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: Justa Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99