

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90046 042 ***150.00

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DOCUMENT # P98000033316

1. Corporation Name
DOLLAR MART, INC.

Principal Place of Business
513 PONCE DE LEON BLVD
MIAMI FL 33134

Mailing Address
513 PONCE DE LEON BLVD
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

65-0831016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 18451 South Dixie Hwy

Suite, Apt. #, etc.

22

City & State

23 MIAMI

Zip

24 33157

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SAME AS ABOVE

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NANGIA, POOJA
513 PONCE DE LEON BLVD
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

NANGIA BASANT

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

513 PONCE DE LEON BLVD

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Basant Nangia (BASANT NANGIA)

2-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NANGIA, BASANT

STREET ADDRESS 513 PONCE DE LEON BLVD

CITY-ST-ZIP MIAMI FL 33134

TITLE VD ☐ DELETE

NAME NANGIA, MANJU

STREET ADDRESS 513 PONCE DE LEON BLVD

CITY-ST-ZIP MIAMI FL 33134

TITLE STD ☒ DELETE

NAME NANGIA, POOJA

STREET ADDRESS 513 PONCE DE LEON BLVD

CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Basant Nangia (BASANT NANGIA)

2-15-99 (305) 259-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)