2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

FILED DOCUMENT # **P98000056497** Apr 10, 2000 8:00 am Secretary of State LA MEJOR . 99 CENT, INC. 04-10-2000 90165 013 ***150.00 Mailing Address Principal Place of Business 411 EAST HIALEAH DR 411 EAST HIALEAH DR HIALEAH FL 33010 HIALEAH FL 33010-5346 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0845873 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ___ ALONSO, MAGALY Street Address (P.O. Box Number is Not Acceptable) 411 EAST HIALEAH DR HIALEAH FL 33010 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition PD TITLE TITLE ☐ Delete ALONSO, MAGALY NAME NAME STREET ADDRESS STREET ADDRESS 1401 WEST 29TH ST. #34-B CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Addition ☐ Change ☐ Delete TITLE. ALONSO, NANCY S NAME STREET ADDRESS STREET ADDRESS 1401 WEST 29TH ST. #34-B CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 71717 TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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