

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90080 035 ***150.00

DOCUMENT # **P980000057360** ✓
1. Entity Name

DOLLAR EVERGREEN, INC.

755516

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1550 N.E. 171 ST STREET
Suite, Apt. #, etc.

3. Mailing Address
1550 N.E. 171 ST STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI FL

City & State

4. FEJ Number
650859285
Applied For
 Not Applicable

Zip
33162 Country

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P**
NAME **AHMAD ASIF**
STREET ADDRESS **1550 N.E. 171ST STREET**
CITY - ST - ZIP **NORTH MIAMI FL 33162**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP**
NAME **AHMAD, KASHIF S**
STREET ADDRESS **1550 N.E. 171ST STREET**
CITY - ST - ZIP **NORTH MIAMI FL 33162**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **SO**
NAME **AHMAD RASHID S**
STREET ADDRESS **1550 N.E. 171ST STREET**
CITY - ST - ZIP **NORTH MIAMI FL 33162**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kashif S. Ahmed** **AHMAD, KASHIF** **3/2/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)