

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 048 ***150.00

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DOCUMENT # P98000060864

1. Entity Name
\$1.99 SUPER STORE, INC.



Principal Place of Business
**7255 INTERNATIONAL DRIVE
ORLANDO FL 32819
US**

Mailing Address
~~7945 SAND LAKE ROAD~~
~~412~~
~~ORLANDO FL 32819~~
~~US~~

2. Principal Place of Business

3. Mailing Address

7255 INTERNATIONAL DR

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32819

Country
USA

4. FEI Number
59-3521941

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SATTAR, ADNAN A
~~6276 INDIAN MEADOW~~
~~ORLANDO FL 32819~~

Name
Street Address (P.O. Box Number is Not Acceptable)
8761 Breeze Cove Lane
City **Orlando** FL Zip Code **32819**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SATTAR, ADNAN**
STREET ADDRESS ~~6276 INDIAN MEADOW~~
CITY-ST-ZIP ~~ORLANDO FL 32819~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8761 Breeze Cove Lane**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SECRETARY-B**
STREET ADDRESS **HUNAINA K. SATTAR**
CITY-ST-ZIP **8761 BREEZE COVE LANE**
ORLANDO, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)