

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078629

1. Entity Name

DOLLAR MART PLUS, INC.

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90014 049 ***150.00

Principal Place of Business

Mailing Address

1899 N. PINE ISLAND RD.
PLANTATION FL 33322

1899 N. PINE ISLAND RD.
PLANTATION FL 33322

2. Principal Place of Business

4195 Pine Island Rd.

Suite, Apt. #, etc.

3. Mailing Address

4195 Pine Island Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Sunrise FL		City & State Sunrise FL		4. FEI Number 65-0864123	Applied For <input type="checkbox"/> Not Applicable
Zip 33351	Country USA	Zip 33351	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OHLIN, CHRISTINE CPA
440 E. SAMPLE RD.
#202
POMPANO BEACH FL 33064

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORANI, AKBAR A 4195 PINE ISLAND ROAD SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORANI, AKBAR A 1899 N. PINE ISLAND ROAD PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morani, Aziz 4195 Pine Island Rd. Sunrise FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Aamaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/01

Date

(954) 5727495

Daytime Phone #

CR2E034 (10/