

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2000 8:00 am**
Secretary of State

05-09-2000 90111 025 ***150.00

DOCUMENT # P98000084715

1. Entity Name

ROSE DOLLAR SHOP, INC.

Principal Place of Business

Mailing Address

14356 SW 38TH ST
MIAMI FL 33175**14356 SW 38TH ST**
MIAMI FL 33193-3146

2. Principal Place of Business

3. Mailing Address

11339 W. Flagler St.**8006 SW 149th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-109

City & State

Miami, FL

City & State

Miami, FL

Zip

33174

Country

Dade

Zip

33193

Country

Dade

4. FEI Number

65-0870983

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, EDGAR
14356 SW 38TH ST
MIAMI FL 33175

Name

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

8006 SW 149th Ave. Unit D-109

City

Miami

FL

Zip Code

33193

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

4-27-009. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PS** ☐ Delete
NAME **PEREZ, EDGAR**
STREET ADDRESS **14356 SW 38TH ST**
CITY-ST-ZIP **MIAMI FL 33175**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8006 SW 149th Ave Unit D-109**
CITY-ST-ZIP **Miami, FL 33193**TITLE **VT** ☐ Delete
NAME **VALDES, YUNIA**
STREET ADDRESS **8006 SW 149TH AVE, UNIT D-109**
CITY-ST-ZIP **MIAMI FL 33193**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (305) 207-1158