

2002 UNIFORM BUSINESS REPORT (UBR)

0299368 AV

DOCUMENT # **P98000084715**

1. Entity Name
ROSE DOLLAR SHOP, INC.

FILED

02 FEB 27 AM 11:49

Principal Place of Business
**11339 WEST FLAGLER STREET
MIAMI FL 33174**

Mailing Address
**8006 SW 149TH AVE
D-109
MIAMI FL 33193**



2. Principal Place of Business

8006 SW. 149 AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

D-109

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

SAME

Zip

33193

Country

USA

Zip

SAME

Country

SAME

4. FEI Number **65-0870983**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEREZ, EDGAR
8006 SW 149TH AVENUE
UNIT D-109
MIAMI FL 33175**

7. Name and Address of New 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

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, 2002 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

TITLE **PS** ☐ Delete
NAME **PEREZ, EDGAR**
STREET ADDRESS **8006 SW 149TH AVENUE #D-109**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VT** ☐ Delete
NAME **VALDES, YUNIA**
STREET ADDRESS **8006 SW 149TH AVE, UNIT D-109**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **500005073945--2**
STREET ADDRESS **-03/08/02--01074--030**
CITY-ST-ZIP ******150.00 ****150.00**

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

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

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

02-26-02

Date

Daytime Phone #

CR2E034 (9/01)