

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90223 007 ***150.00

DOCUMENT # P98000098474



1. Entity Name
MARI'S DOLLAR STORE, CORP.

Principal Place of Business
**3405 SW 8 STREET
MIAMI FL 33135**

Mailing Address
**3405 SW 8 STREET
MIAMI FL 33135**



2. Principal Place of Business

12005 SW 14 STREET

3. Mailing Address

12005 SW 14 STREET

Suite, Apt. #, etc.

U-204

Suite, Apt. #, etc.

U-204

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33167

Country

Zip

33167

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0877942**

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

**BARRIOS, LAZARO
4880 NW 4 TERRA
MIAMI FL 33127**

Name **BARRIOS, LAZARO**

Street Address (P.O. Box Number is Not Acceptable)
12005 SW 14 STREET

U-204

City **MIAMI**

FL

Zip Code **33167**

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

4/24/03

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 ☐ Delete
NAME **D BARRIOS, LAZARO**
STREET ADDRESS **4880 NW 4 TERRA**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12005 SW 14 STREET - U-204**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Delete
NAME **D PEREZ, ANA**
STREET ADDRESS **4880 NW 4 TERRA**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12005 SW 14 STREET - U-204**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (786) 443-4659

Date

Daytime Phone #

CR2E034 (10/02)