

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 91270 043 \*\*\*150.00

**DOCUMENT # P99000012188**

1. Entity Name  
**K & M 99 CENT STORE, INC.**

Principal Place of Business  
**1195 N.E. 121ST STREET. #105**  
**MIAMI FL 33161**

Mailing Address  
**1195 N.E. 121ST STREET. #105**  
**MIAMI FL 33161**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1189 N.E. 139th Street.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1025 N.E. 179 Terrace.**  
 Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
**North Miami Bch, FL**

4. FEI Number **65-0892857**

Applied For  
 Not Applicable

Zip **33161** Country **Dade County**

Zip **33162** Country **Dade County**

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

**6. Name and Address of Current Registered Agent**

**BARRETT, MICHAEL A**  
**1195 N.E. 121ST STREET, #105**  
**MIAMI FL 33161**

**7. Name and Address of New Registered Agent**

Name **Dananie J. Jean**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1025 N.E. 179 Terrace.**  
 City **North Miami Bch.** **FL** Zip Code **33161**

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 *Dananie J. Jean* **4/17/02.**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BARRETT, MICHAEL A</b><br><b>1195 N.E. 121ST STREET, #105</b><br><b>MIAMI FL 33161</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BARRETT, KATYA C</b><br><b>1195 N.E. 121ST STREET, #105</b><br><b>MIAMI FL 33161</b>   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>Dananie J. Jean</b><br><b>1025 N.E. 179 Terrace.</b><br><b>Miami, FL 33161</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice-Pres.</b><br><b>Robert Jean</b><br><b>1025 N.E. 179 Terrace.</b><br><b>Miami, FL 33161</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Dananie J. Jean*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02.**  
Date Daytime Phone #

CR2E034 (9/01)