

# 2. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000016484**  
 1. Entity Name  
**52 AVENUE DOLLAR STORE INC.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90039 003 \*\*\*150.00

Principal Place of Business Mailing Address  
**P.O. Box 52-6342**  
**MIAMI - FL. 33152** **SAME**

2. Principal Place of Business 3. Mailing Address  
**SAME ABOVE** **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country  
**MIAMI - FL.** **33152** **USA** **MIAMI - FL.** **33152** **USA**

4. FEI Number 65-0895711 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  
**FRANCESCO TROIA**  
**10901 NW 73 TERRACE**  
**MIAMI - FL. 33178**

7. Name and Address of New Registered Agent  
 Name **FRANCESCO TROIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10901 NW 73 TERRACE**  
 City **MIAMI -** **FL** Zip Code **33178**

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 **Francesco Troia** **PRESIDENT** **4/17/00**  
 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>FRANCESCO TROIA</b> <b>10901 NW 73 TERRACE</b> <b>MIAMI - FL. 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: **Francesco Troia** **PRESIDENT** **4/17/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)