

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084316

1. Entity Name  
NAUDAR DOLLAR DISCOUNT INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90021 046 \*\*\*150.00

Principal Place of Business 13411 SW 56TH ST MIAMI FL 33175	Mailing Address 13411 SW 56TH ST MIAMI FL 33175-6117
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country	4. FEI Number 65-0950628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>EXPOSITO, LORENZO P</b> 5666 SW 129TH PLACE MIAMI FL 33183	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D Lorenzo Pascual Exposito	5666 SW 129 Pl. Miami, Fl. 33183	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Iraida del Carmen Reina	5666 SW 129 Pl. Miami, Fl. 33183	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	<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: \_\_\_\_\_ Date: 02/24/00 Daytime Phone #: 305-220-7713

CFR2E034 (9/99)