

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13311

1. Entity Name

THE DOLLAR STORE, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90321 017 ***150.00

Principal Place of Business Mailing Address
 1801 PALM BEACH LAKES BLVD 5445 NW 161ST STREET
 #118 MIAMI LAKES FL 33056-4821
 W PALM BEACH FL 33401 US
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

16725 NW 20TH AVE.

MIAMI, FL

33056

DADE

4. FEI Number 65-0311607 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

GOLDMAN, SHERI
 5445 NW 161ST ST
 MIAMI FL 33014

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 (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. FILE NOW!!! FEE IS \$150.00
 (See criteria on back) After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABER, KENNETH 5445 NW 161ST ST MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16725 NW 20TH AVE. MIAMI, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, MARTIN 5445 NW 161ST ST MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16725 NW 20TH AVE. MIAMI, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, SHERI 5445 NW 161ST ST MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16725 NW 20TH AVE. MIAMI, FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Date Daytime Phone #

CR2F034 (9/99)