

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90455 040 ***150.00

DOCUMENT # **V13311**
 1. Entity Name
DOLLAR STAR OF THE PALM BEACH MALL, INC.

Principal Place of Business Mailing Address
1801 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33404
16725 NW 20TH AVE.
OPA LOCKA, FL 33056

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
16725 NW 20TH AVE.

City & State City & State
OPA LOCKA FL
 Zip Country Zip Country
33056 OPA

4. FEI Number Applied For
65-0311607
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDMAN, SHERI
5445 NW 161ST STREET
MIAMI, FL 33014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
16725 NW 20TH AVENUE
 City **OPA LOCKA** **FL** Zip Code **33056**

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 _____
 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5445 NW 161ST STREET		STREET ADDRESS	16725 NW 20TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33014		CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	GOLDMAN, MARTIN	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5445 NW 161ST STREET		STREET ADDRESS	16725 NW 20TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33014		CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	GOLDMAN, SHERI	<input type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5445 NW 161ST STREET		STREET ADDRESS	16725 NW 20TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33014		CITY-ST-ZIP	OPA LOCKA, FL 33056	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **(305) 621-6889**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)