

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90001 044 \*\*\*150.00

DOCUMENT # V13311

1. Entity Name

DOLLAR STAR OF THE PALM BEACH MALL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1801 PALM BEACH LAKES BLVD.

3. Mailing Address

16725 NW 20 AVE.

Suite, Apt. #, etc.

#116

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

City & State

OPA LOCIA, FL

Zip

33401

Country

U.S.A.

Zip

33056

Country

U.S.A.

4. FEI Number

65-0311607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GOLDMAN, SHERI

Street Address (P.O. Box Number is Not Acceptable)

16725 NW 20 AVENUE

City

OPA LOCIA

FL

Zip Code

33056

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<u>PRESIDENT</u> <u>HABER, KENNETH</u> <u>16725 NW 20 AVENUE</u> <u>OPA LOCIA, FL 33056</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P.</u> <u>GOLDMAN, MARTIN</u> <u>16725 NW 20 AVENUE</u> <u>OPA LOCIA, FL 33056</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SEC. / TREAS.</u> <u>GOLDMAN, SHERI</u> <u>16725 NW 20 AVENUE</u> <u>OPA LOCIA, FL 33056</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other live employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 (305) 621-6889

CR2E034B (12/01)