

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90119 039 ***150.00

DOCUMENT # V40934

1. Entity Name
DOLLAR BARGAINS INC.

Principal Place of Business

**7604 SW 108 TERRACE
 MIAMI FL 33156
 US**

Mailing Address

**7604 SW 108TH TERR
 MIAMI FL 33156
 US**

2. Principal Place of Business

14338 S.W. 135 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

14338 S.W. 135 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0335738

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAKRANI, SAEED U
 7855 N.W. 12TH STREET, #206
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 **DPS** ☐ Delete
 NAME **SAKRANI, SAEED U.**
 STREET ADDRESS **7855 NW 12TH ST #206**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **SAKRANI, HUMAIRA S.**
 STREET ADDRESS **7855 N.W. 12TH STREET, #206**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ Delete
 NAME **SAKRANI, IRUM**
 STREET ADDRESS **7855 NW 12TH ST #206**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **SAKRANI, SAQIB**
 STREET ADDRESS **7855 NW 12TH ST #206**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **SAKRANI, KASHIF**
 STREET ADDRESS **7855 N.W. 12TH STREET, #206**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **SAKRANI, ATIF**
 STREET ADDRESS **7855 N.W. 12TH STREET, #206**
 CITY-ST-ZIP **MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

04/27/2002

786 513-0207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)