

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91621 028 \*\*\*150.00

**DOCUMENT # 180851**

1. Entity Name  
**M & M TRADING COMPANY, INC.**

Principal Place of Business <b>C/O PARRY REAL ESTATE                  9628 NORTHEAST 2ND AVENUE, SUITE A                  MIAMI SHORES FL 33138                  US</b>	Mailing Address <b>C/O PARRY REAL ESTATE                  9628 NORTHEAST 2ND AVENUE, SUITE A                  MIAMI SHORES FL 33138                  US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-6076261</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GRADY, JOAN M. C/O PARRY REAL ESTATE 9628 NE 2ND AVENUE MIAMI SHORES FL 33138</b>	7. Name and Address of New Registered Agent Name <b>AHMED EZZOUHAIRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>9628 N.E. 2nd Ave., STE. A.</b> City <b>MIAMI SHORES</b> FL Zip Code <b>33138</b>
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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 *AHMED EZZOUHAIRY* **AHMED EZZOUHAIRY, President** 4/17/02  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EMIRZIAN, NELLY 55 CHAMP DUVERT CHASSER 1180 BRUXELLES BELGIU</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELIANE EMIRZIAN 55 Champ Duvert Chasser 1180 Bruxelles Belgium</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRADY, JOAN 9628 NE 2ND AVE., STE A MIAMI SHORES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT AHMED EZZOUHAIRY 9628 NE 2nd AVE, STE. A. MIAMI SHORES, FL. 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Marian EMIRZIAN 55-champ Duvert Chasser 1180 Bruxelles Belgium</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Anahide PAPA ZIAN 9628 NE 2nd Ave, Ste. A. MIAMI SHORES, FL 33138</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *AHMED EZZOUHAIRY* **AHMED EZZOUHAIRY** 4/17/02 212-625-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)