


FILED
Aug 18, 2003 8:00 am
Secretary of State

8/1/

08-01-2003 90065 013 ***550.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000044338
 1. Entity Name
NORTH MIAMI WHOLESALE, INC.



Principal Place of Business Mailing Address
14931 N.W. 7TH AVENUE **14931 N.W. 7TH AVENUE**
NORTH MIAMI FL 33168 **NORTH MIAMI FL 33168**

55054453



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
43-1958498 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FELDHEM, DAVID ESQ.
499 N.W. 70TH AVE.
PLANTATION FL 33317

7. Name and Address of New Registered Agent
 Name: **Nader Halabi**
 Street Address (P.O. Box Number is Not Acceptable): **14931 N.W. 7th Avenue**
 City: **Miami FL** Zip Code: **33168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TORRES, NELSON <input checked="" type="checkbox"/> Delete 14931 N.W. 7TH AVENUE NORTH MIAMI FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HALABI, NADER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14931 N.W. 7th Avenue Miami, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HALABI, NADER <input type="checkbox"/> Delete 14931 N.W. 7TH AVENUE NORTH MIAMI FL 33168	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
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
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

CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **8/13/03** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR