2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # F41229** 1. Entity Name AMERICAN SUPERIOR TRADING ENTERPRISES, INC. 04-27-2001 90229 027 ***150.00 Principal Place of Business Mailing Address 1460 SW 57TH AVE 1460 SW 57TH AVE PLANTATION FL 33317 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2123548 Not Applicable Country \$8.75 Additional Zip П 5. Certificate of Status Desired Fee Required ~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name andalib. Ali a Street Address (P.O. Box Number is Not Acceptable) 1460 SW 57TH AVE PLANTATION FL 33317 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PTD ☐ Delete TITLE NAME andalib. Ali a STREET ADDRESS STREET ADDRESS 2101 SW 46TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition SD ☐ Delete TITLE TITLE ANDALIB, PHYLLIS NAME NAME STREET ADDRESS STREET ADDRESS 2101 SW 46TH AVE. CITY-ST-ZIP CITY-ST-ZIP ET. LAUDERDALE FL Addition V ☐ Change TITLE ☐ Delete TITLE Andalib, Afsheen NAME NAME 14605W 57 AUE Ft. Lauderdale STREET ADDRESS STREET ADDRESS 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete Andalib Arveen NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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.