

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90079 039 ****50.00

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1. Entity Name
A.N.M. WHOLESALE, LTD. CO.

Principal Place of Business
**18533 AMBLY LANE
TAMPA FL 33647**

Mailing Address
**18533 AMBLY LANE
TAMPA FL 33647**

44003100



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3689453**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAWAZ, MOHAMED A
18533 AMBLY LANE
TAMPA FL 33647**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **M** ☐ Delete
STREET ADDRESS **DARWICH, AMA L.S.**
CITY-ST-ZIP **18303 BROOK PARK DR.
TAMPA FL 33647**

TITLE
NAME **Manager** ☒ Change ☐ Addition
STREET ADDRESS **Amal Darwish**
CITY-ST-ZIP

TITLE
NAME **MGRM** ☐ Delete
STREET ADDRESS **FAWAZ, MOHAMED A**
CITY-ST-ZIP **18533 AMBLY LN
TAMPA FL 33647**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4/29/03

813-404-4446

CR2E083 (10/02)