

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -7 PM 1:58

DOCUMENT # L01000022331
1. Entity Name
American Wholesale, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 315 SE Mizner Blvd. Suite, Apt. #, etc. Suite 209 City & State Boca Raton, FL		3. Mailing Address <i>Same</i> Suite, Apt. #, etc. City & State	
Zip 33434	Country USA	Zip	Country

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01-28-2002 90001 048 \$50

4. FEI Number 26-0000337	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
Edmond S. Norkus

Street Address (P.O. Box Number is Not Acceptable)
315 SE Mizner Blvd, Suite 209

City
Boca Raton, FL Zip Code
33434

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

let 2/8/02

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Member Mr. Edmond S. Norkus 315 SE Mizner Blvd., #209 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Member Ms. Karen L. Norkus 315 SE Mizner Blvd., #209 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Cuthred, Inc. 120 Windmill Lane Southampton, NY 11968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member One Route 340 Corp. 2394 Nostrand Avenue Brooklyn, NY 11210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Edmond S. Norkus* PRESIDENT 1-24-2002 561 368 8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)