2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

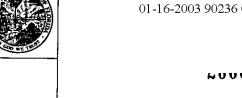
DOCUMENT # L01000022331

1. Entity Name

AMERICAN WHOLESALE, LLC



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90236 010 ***150.00



Principal Place of Business		Mailing Address	<u> </u>				
315 SE MIZNER BLVD SUITE 209 BOCA RATON FL 33434		315 SE MIZNER BLVD : BOCA RATON FL 33434	315 SE MIZNER BLVD., SUITE 209 BOCA RATON FL 33434		2000	0003T	
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		Number 26-0000337 Applied For		
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$5.00 A	Vot Applicable
	6. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·		· The state of The	_Fee Requi	red
*.		nt riegisteres Agent	Name	7. Name a	nd Address of New Registered	Agent	-
NORKUS, EDMOND S							
	SE MIZNER BLVD., SUITE 209		Street Address		(P.O. Box Number is Not Acceptable)		
BOO	CA RATON FL 33434				· · · · · · · · · · · · · · · · · · ·		
			0.4				
			City		FI		
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing i	ts registered office or regis	tered agent, or t	ooth, in the State of Florida. I am	familiar with	, and accept
trie obliga	nons or registered agent.						
SIGNATURE	Signature, typed or printed name of registered age	et and title if and limbs					
	og. alle of the state of the st		OTE: Registered Agent signature requ		DATE		
			IOW!!! FEE IS \$50.0		7 4 0		
	•		ble to Florida Departm ue By May 1, 2003	nent of State		٠.	3: 1
9.	MANAGING MEME						_
TITLE	P	Delete	10.	-	ADDITIONS/CHANGES		
NAME	NORKUS, EDMOND S	□ Delete	NAME			Change	☐ Addition
STREET ADDRESS	315 SE MIZNER BLVD., #209		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP				
TITLE	ST	☐ Delete	TITLE			☐ Change	Addition .
NAME	NORKUS, KAREN L		NAME				
STREET ADDRESS	315 SE MIZNER BLVD., #209		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP			_	
TITLE - 1 NAME	A STATE OF THE PROPERTY OF THE	Delete	IHITE	~~~~	and the second	Change	Addition
STREET ADDRESS			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				
NAME		PT Defets	NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
IAME			NAME				
STREET ADDRESS (SITY-ST-ZIP			STREET ADDRESS		•		
		<u> </u>	CITY-ST-ZIP				_
TTLE IAME		☐ Delete	TITLE			☐ Change	☐ Addition
TREET ADDRESS	•		NAME STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ļ
1. I hereby ca	ertify that the information supplied with	h this filling does not qualify fo		Continu 140 07/0	VO Firede Oraș		
أأسأتهم مناهمان	- il	· · · · · · · · · · · · · · · · · · ·	a and eventibrion stated IU 2	2000/00 F19.07(3	icu, piorida Statutes. I turther cer	rity that the ir	stormation

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