2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2001 8:00 am **DOCUMENT # L14588 Secretary of State** 1. Entity Name UNISTATES COMMERCIAL OF FLORIDA, INC. 03-14-2001 90010 041 ***158.75 Principal Place of Business Mailing Address 8601 NW 34 PL 8601 NW 34 PL #102 A #102 A SUNRISE FL 33351 SUNRISE FL 33351 ÜŚ IIS. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0147992 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāme SALAMA, NASSER Y Street Address (P.O. Box Number is Not Acceptable) 8601 NW 34 PL #102A SUNRISE FL 33351 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE ☐ Delete III) F SALAMA, NASSER Y NAME NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST- ZIP VPTD ☐ Delete ☐ Change ☐ Addition TITLE RILE NAME SALAMA, NASSER Y NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY - ST - 712 CITY-ST-ZIP SUNRISE FL 33351 Change - Addition. TITLE Déleté TITLE NAME SALAMA, NASSER Y NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33351 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.