FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91145 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082848

1. Entity Name
MUSAB TRADING CORP.

666521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15 NE 156 STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. MIAMI BEACH, Fl.	City & State: SAME
Zip: 33162 Country: DADE	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 - 1036759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: JOSEPH SHOMAR
Street Address (P.O. Box Number Is Not Acceptable): 5190 NW 167TH ST #113
City: MIAMI FL Zip Code: 33014

DO NOT WRITE IN THIS SPACE

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] 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ABDEL-WAHAB ZUBI, MUSA'B
STREET ADDRESS	15 NE 156 STREET
CITY-ST-ZIP	N. MIAMI BEACH, Fl. 33162
TITLE	VPS
NAME	REFAT ALTAWIL.
STREET ADDRESS	15 NE 156 STREET
CITY-ST-ZIP	N. MIAMI BEACH, Fl. 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034S (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #