

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90394 005 ***150.00

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DOCUMENT # P00000106295

1. Entity Name

UNITED TRADING & INVESTMENT CORP.



Principal Place of Business

1533 SW 1 WAY F-15
DEERFIELD BEACH FL 33441

Mailing Address

1533 SW 1 WAY F-15
DEERFIELD BEACH FL 33441

2. Principal Place of Business

4398 NW 31st Ave

3. Mailing Address

4398 NW 31st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

okland park Fla.

City & State

okland park Fla.

Zip

33309

Country

Broward

Zip

33309

Country

Broward

4. FEI Number

65-1059846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMAD, WALID

1533 SW 1 WAY F-15

DEERFIELD BEACH FL 33441

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

Walid Hamad p.

1-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HAMAD, WALID
STREET ADDRESS 1533 SW 1 WAY F-15
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE ST
NAME GHOURRA, AMEER
STREET ADDRESS 1533 SW 1 WAY F-15
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Walid Hamad

1-10-03 954-274-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)