

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113762

1. Entity Name  
ALDINY THE WHOLESALE & RETAIL CO.Principal Place of Business  
6881 BAY DR. #8  
MIAMI BEACH FL 33141Mailing Address  
6881 BAY DR. #8  
MIAMI BEACH FL 331412. Principal Place of Business  
65<sup>th</sup> FLAGler Drive3. Mailing Address  
65<sup>th</sup> FLAGler Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami SPRINGS, FL.City & State  
Miami SPRINGS, FLZip  
33166Country  
USAZip  
33166Country  
USA4. FEI Number  
65-1065456

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

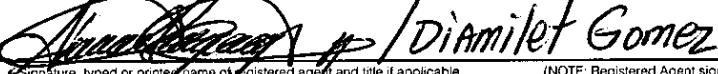
GOMEZ, DIAMILLET  
6881 BAY DR. #8  
MIAMI BEACH FL 33141Name  
Gomez, Diamilet

Street Address (P.O. Box Number is Not Acceptable)

65 FLAGler Drive

City  
Miami SPRINGS, FL Zip Code  
33166

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  /Diamilet Gomez DATE 01-10-2002

(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) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

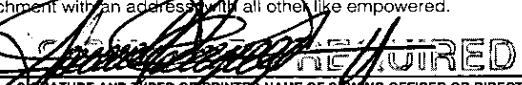
## 11. OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMUDEZ, NYDIA 6881 BAY DR. #8 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bermudez, Nydia 65 Flagler DRINE Miami SPRINGS, FL. 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOMEZ, DIAMILLET 6881 BAY DR. #8 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD/STD Gomez, Diamilet 65 Flagler Drive Miami SPRINGS, FL. 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  RE HUTRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-2002 (786)4021619

Date

Daytime Phone #