

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-15-2002 90010 017 ***150.00

DOCUMENT # P01000021469

1. Entity Name

GENERAL TRADING CENTER, INC.

Principal Place of Business

1001 THREE ISLANDS BLVD. #441
 HALLANDALE FL 33009

Mailing Address

1001 THREE ISLANDS BLVD. #441
 HALLANDALE FL 33009

2. Principal Place of Business

469 N.E. 167 STR
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 612543
 Suite, Apt. #, etc.

City & State

N. Miami Beach Florida
 Zip 33162 Country U.S.A

City & State

MIAMI FLORIDA
 Zip 33261 Country U.S.A

4. FEI Number

65-1086226

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GHAITH, KHALED
 1001 THREE ISLANDS BLVD. #441
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name Khaled Ghaith
 Street Address (P.O. Box or other is Not Applicable) 469 N.E. 167 STR
 City N. MIAMI-Beach FL Zip Code 33162

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.

(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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
 NAME GHAITH, KHALED
 STREET ADDRESS 1001 THREE ISLANDS BLVD. #441
 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE V
 NAME GHAITH, IBRAHIM
 STREET ADDRESS 6714 MISSION CLUB #212
 CITY-ST-ZIP ORLANDO FL 32821 ☐ Delete

TITLE S
 NAME PHILIAS, DAPHNEE
 STREET ADDRESS 1340 N.E. 144TH STREET
 CITY-ST-ZIP MIAMI FL 33181 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

President [Signature]

4-4-02

305-321-8740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)