

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021469

1. Entity Name
GENERAL TRADING CENTER, INC.



FILED

03 OCT 15 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
469 NE 167 ST.
MIAMI FL 33162

Mailing Address
PO BOX 612543
MIAMI FL 33261

2. Principal Place of Business
469 N.E. 167 STR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 612543
Suite, Apt. #, etc.

City & State
Miami FL
Zip 33162 Country USA

City & State
Miami, FL 33261
Zip 33261 Country USA



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
469 NE 167 ST.
MIAMI FL 33162

7. Name and Address of New Registered Agent

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 *[Signature]* DATE 9-0-03
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GHAITH, KHALED 1001 THREE ISLANDS BLVD. #441 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GHAITH, IBRAHIM 6714 MISSION CLUB #212 ORLANDO FL 32821	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILIAS, DAPHNEE 1340 N.E. 144TH STREET MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000023806730 10/15/03--01025--005 **150.00
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 305-244-9478
Daytime Phone #

CR2E034 (4/03)

NAME: GENERAL TRADING CENTER INC.

P: GHAITH KHALED
1001 Three Island Blvd. #441
Hallandale, FL 33009
tel 305. 244-9478

This is the First Notice we recieved, and we would
like the ^{late} fees to be waived.

because we did not receive the prior Notice.

We sending check for 150.00 only. Thank you

P. Khaled