

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000097794

1. Entity Name

URBAN TRADERS, INC.

02 NOV 15 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009033244
11/15/02--01097--014 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

518 WESTSHORE PLAZA

3. Mailing Address

518 WESTSHORE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

4. FEI Number

59-3749269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AHMED W. ELQADAH

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

18107 PEREGRINES PERCH PLACE #307

City

LUTZ

FL

Zip Code

33549

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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
AHMED W. ELQADAH
518 WESTSHORE PLAZA
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CHRISTINE M. LONG
518 WESTSHORE PLAZA
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
YEHIA M LONG
518 WESTSHORE PLAZA
TAMPA, FL 33609

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHMED W. ELQADAH

Date

10/30/02 (813) 445-2165

Daytime Phone #

CR2E034B (12/01)

URBAN TRADERS, INC.
518 Westshore Plaza
Tampa, FL 33609-1843

October 30, 2002

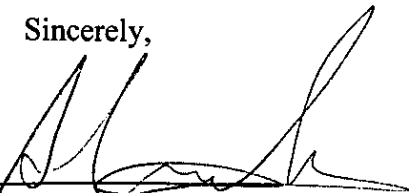
Florida Department of State
Annual Reports Filings
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

This letter is in regards to our receipt of the Notice of Administrative Dissolution or Revocation. We have not received any previous notices regarding the Uniform Business Report. Please note that this is our first year of operation. Accordingly, we are requesting a waiver of charges for this notice, and the amount due of the first notice, as it was listed, will be paid.

Your cooperation in this matter is greatly appreciated. For any further information please call me at 813-495-2165.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ahmad Qadah', is written over a horizontal line.

Ahmad Qadah
President