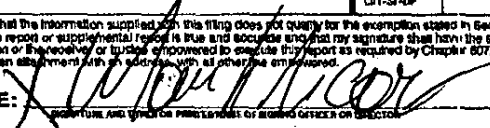


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90038 010 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000019376			
1. Entity Name BERAJA WHOLESALE CORP.			
Principal Place of Business 3899 NW 7TH ST., #203 MIAMI, FL 33126		Mailing Address 3899 NW 7TH ST., #203 MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		☐ CHECK HERE IF MAKING CHANGES ☒ FEI Number 68-0493647	
		☐ Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. Name and Address of Current Registered Agent SILICARD, MARIO 3899 NW 7TH ST., #203 MIAMI, FL 33126		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
6. The above named entity submits this statement for the purpose of changing its registered office or re-registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			
8. 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	PO	TITLE	
NAME	SILICARD, MARIO	NAME	
STREET ADDRESS	3899 NW 7TH ST., #203	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SULL, CARLOS	NAME	
STREET ADDRESS	3899 NW 7TH ST., #203	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature has the same legal effect as if made under oath; that I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 807, 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 officers.			
SIGNATURE: 			

90130941



CH20034 (10/02)