

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 09, 2003 8:00 am
Secretary of State

04-21-2003 91214 049 ***150.00

DOCUMENT #

1. Entity Name

P02000021368
FADI TRADING CENTER INC.



DO NOT WRITE IN THIS SPACE

55039091

2. Principal Place of Business

18348 NE 2nd Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 694974

Suite, Apt. #, etc.

MI. FL. 33269

City & State

MI, FL.

City & State

MI, FL. 33269

Zip

33179

Country

DADE

Zip

33269

Country

DADE

4. FEI Number

030396075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MUSTAFA NASSAR

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

15701 NW 2nd AVE. #208

City

MIAMI

FL

Zip Code

33169

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]

MUSTAFA NASSAR

04/16/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
MUSTAFA NASSAR, PRES
15701 NW 2nd Ave #208
MI, FL. 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FADI NASSAR MGR.
15701 NW 2nd Ave #208
MI, FL. 33169

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

[Signature]

DATE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/03

Date

Daytime Phone #

CR2E034B (12/02)