2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Aug 18, 2003 8:00 am Secretary of State

8/1/

08-01-2003 90065 013 ***550.00 **DOCUMENT #** P02000044338 NORTH MIAMI WHOLESALE, INC. Principal Place of Business Mailing Address 55054453 14931 N.W. 7TH AVENUE 14931 N.W. 7TH AVENUE NORTH MIAMI FL 33168 NORTH MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable ZIp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDHEIM, DAVID ESQ. Box Number is Not Acceptable) 499 N.W. 70TH AVE. PLANTATION FL 33317 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 of recitions is still bas intens benefition to (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (4/03) President ☐ Addition TITLE TITLE Delate HALABT NADER 14931 N.W. 7th Avenue Migmi, FL 33168 TORRES, NELSON NAME NAME 14931 N.W. 7TH AVENUE CR2E034 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33168 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change HALABI, NADER NAME 14931 N.W. 7TH AVENUE STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33168 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Channe Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-718 TITLE ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 507, 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.

Davtime Phone #