2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

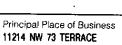
BS & MS IMPORT CORP.



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90707 028 ***150.00

02000111544
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Mailing Address

11214 NW 73 TERRACE

MIAMI FL 331	3178 MIAMI FL 33178										
<u></u>											
2. Principal Place of Business U 107PL Mailing Address 73/8 NW 107PL Suite Ant # etc. Suite Ant # etc.							4 100011001 141 00410 FABIL 60111 \$ 4111 004				
Suite, Apt. #, etc. Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES					
City & State City & State M'			1 9	20	4.	FEI Number		, ·	pplied For lot Applicable		
Zip 33178 Country Zip 33178 Count					ry	5.	Certificate of Status Desired [\$8.75 Ad	lditional	
6. Name and Address of Current Registered Agent							Name and Address of New Regis		•		
Name								-	<u></u>		
AL-ABDALA, BASIL				-	0						
11214 NW 73 TERRACE					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33178			Ī						- **.	
					City			FL	Zip Coc	te e	
8. The above	e named entity	submits this eletement for	gent, or both, in the State of Florida.								
the obligat	tions of regist	ered agent.		registere	a office of registe	ered ag	gent, or both, in the State of Florida.	I am ta	imiliar with,	and accept	
•							1				
SIGNATURE .	Signature, typeg	or printed man of registered agent and	d title if applicable (NOTE	T. Doorless and						···	
<u> </u>		<u> </u>	d the happingable. (NOTE	:: Hegistered	Agent signature require	ed when r	reinstating)	DATE			
		FEE IS \$150.00					9. Election Campaign Financir		A- 4		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.	ig 🗆	\$5.0 Added	0 May Be to Fees		
10.		OFFICERS AND D	IRECTORS	11		ΑΓ	L DDITIONS/CHANGES TO OFFICER:	S AND I	DIDECTOR	C IN 11	
TITLE	D		☐ Delete	TITLE			SST. IO. IO. OF THE CONTROL OF THE C		☐ Change		
NAME	AL-ABDALA	N, BASIL		NAME					Change	☐ Addition	
STREET ADDRESS		73 TERRACE		STREE	ADDRESS						
CITY-ST-ZIP	MIAMI FL 3	3178		CITY-S	ST-ZIP						
TITLE	D		☐ Delete	TITLE				-	☐ Change	☐ Addition	
	AL-ABDALA			NAME					Ondrigo	- Addition	
		73 TERRACE		STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 3	3178		CITY-S	T-ZIP					1	
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME					_ •	_ }	
STREET ADDRESS CITY-ST-ZIP					ADDRESS						
 +	- <u>-</u>	. <u>.</u>		CITY-S	T-ZIP						
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				CITY-S	I-ZIP						
TITLE			Delete	TITLE				[Change	☐ Addition	
NAME STREET ADDRESS				NAME							
CITY-ST-ZIP					ADDRESS						
12 I hereby ce	ortific that the	information and the state of		CITY-S1	-217						

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 peport 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 of frustee 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 a readers, with all other like empowered.

SIGNATURE:

Daytime Phone #