

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000055035**

1. Entity Name

**SOUTH FLORIDA WHOLESALE TRADING, INC.***P*

Principal Place of Business

**1620 SW 87TH AVE  
PEMBROKE PINES FL 33025**

Mailing Address

**1620 SW 87TH AVE  
PEMBROKE PINES FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0465581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MOHOMED, FERRIS  
1620 SW 87TH AVE  
PEMBROKE PINES FL 33025**

7. Name and Address of New Registered Agent

Name

**WAHID MOHAMMED**

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

**1620 SW 87 AV**

City

**PEMBROKE PINES****FL**

Zip Code

**33025**

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) ☐**FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 **V** ☐ Delete  
NAME **MOHOMED, FARMIDA**  
STREET ADDRESS **1620 SW 87TH AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL**TITLE **VP** ☐ Delete  
NAME **MOHAMMED, WAHID**  
STREET ADDRESS **1620 SW 87 AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**WAHID MOHAMMED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8/25/00**  
Date**934 438 1664**  
Daytime Phone #**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90014 001 \*\*\*300.00

**20226**

DO NOT WRITE IN THIS SPACE