2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P96000055651 1. Entity Name > GTC GENERAL TRADING COMPANY, INC. 03-12-2001 90026 013 ***158.75 Mailing Address Principal Place of Business 3067 NW 28TH ST 3087 NW 28TH ST LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311 O V D I G U U K ŲS 3. Mailing Address 2. Principal Place of Business lmiversit DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0736589 Not Applicable \$8.75 Additional Country Broward 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Name and Address of Current Registered Agent FOUAD, MEHREZ 1 3087 NW 28TH ST LAUDERDALE LAKES FL 33311 lmiversit 8. The above named entity submits this statement for the purpose of changing its registered office or registered asent, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE NAME FOUAD, MEHREZ I NAME STREET ADDRESS STREET ADDRESS 3087 NW 28TH ST CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete TITLE TITLE T. Foulads Vice fres. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 secute 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

SIGNATURE:

e empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR