

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90048 034 \*\*\*150.00

DOCUMENT # P96000074515

1. Entity Name

AMERICAN DUTY FREE SUPPLY COMPANY, INC.

Principal Place of Business

2841 N.W. 107TH AVE  
MIAMI FL 33172  
US

Mailing Address

2841 N.W. 107TH AVE.  
MIAMI FL 33172  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0695259

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMOUDI, WISSAM  
2841 NW 107TH AVE  
MIAMI FL 33172

Name

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

City

FL

Zip Code

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS      |                     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |
|---------------------------------|---------------------|---|--|
| TITLE                           | D<br>WISSAM, AMONDI | TITLE   |  |
| NAME                            |                     | NAME  |  |
| STREET ADDRESS                  | 2841 N.W. 107TH AVE | STREET ADDRESS  |  |
| CITY-ST-ZIP                     | MIAMI FL            | CITY-ST-ZIP   |  |
| <input type="checkbox"/> Delete |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE                           |                     | TITLE   |  |
| NAME                            |                     | NAME  |  |
| STREET ADDRESS                  |                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                     |                     | CITY-ST-ZIP   |  |
| <input type="checkbox"/> Delete |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE                           |                     | TITLE   |  |
| NAME                            |                     | NAME  |  |
| STREET ADDRESS                  |                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                     |                     | CITY-ST-ZIP   |  |
| <input type="checkbox"/> Delete |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE                           |                     | TITLE   |  |
| NAME                            |                     | NAME  |  |
| STREET ADDRESS                  |                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                     |                     | CITY-ST-ZIP   |  |
| <input type="checkbox"/> Delete |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE                           |                     | TITLE   |  |
| NAME                            |                     | NAME  |  |
| STREET ADDRESS                  |                     | STREET ADDRESS  |  |
| CITY-ST-ZIP                     |                     | CITY-ST-ZIP   |  |
| <input type="checkbox"/> Delete |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)