2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P96000082542** AMERICAN WHOLESALE TRADERS INC. 01-19-2000 90200 008 ***150.00 Principal Place of Business Mailing Address 9921 NW 80TH AVE 8049 W. 18 LN. HIALEAH FL 33014-3221 #1-9 603693 HIALEAH FL 33016 US 2. Principal Place of Business 3. Mailing Address 9921 NW 80 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0698970 Not Applicable 33<u>016</u> Zip 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 Name CERVINO, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 8049 W. 18 LN. HIALEAH FL 33014 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Change ☐ Addition CR2E034 (9/99) TITLE TITLE Delete 🔲 CERVINO, JOSEPH A NAME NAME STREET ADDRESS 12774 NW 103 AVE. STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP HIALEAH GARDENS FL 33018 ☐ Addition TITLE ☐ Delete ☐ Change CERVINO, MALVIS R NAME STREET ADDRESS 8049 W. 18 LN. STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP