

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90044 011 \*\*\*150.00

**DOCUMENT # P97000020776**

1. Entity Name

**CERTIFIED EXPORTS OF MIAMI, INC.**

Principal Place of Business

Mailing Address

4094 N.W. 167TH STREET  
 OPA LOCKA FL 33054

4094 N.W. 167TH STREET  
 OPA LOCKA FL 33054-6234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0813738 - 081612**

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

**MUSAITIF, EKHLAS**  
**18520 NW 67TH AVE**  
**MIAMI FL 33015**

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, 2000 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MUSAITIF, EKHLAS	
STREET ADDRESS	8020 N.W. 171 STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ALOMARI, ABDULWAHED ALI	
STREET ADDRESS	12501 N.E. 13TH AVENUE	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABURIALEH, AHMAD	
STREET ADDRESS	17043 N.W. 66TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALOMARI, ABDULWAHED ALI	
STREET ADDRESS	12501 N.E. 13th Ave.	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABURIALEH, AHMAD	
STREET ADDRESS	8572 NW 196 Terr	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ahmad Aburialeh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-08-00 1204 474-8355

Date

Daytime Phone #

CR2E034 (9/99)