

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020776

1. Entity Name

CERTIFIED EXPORTS OF MIAMI, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90018 009 ***150.00

Principal Place of Business

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

Mailing Address

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

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

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

Abdul Alomari

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

1805 Sans Souci Blvd #133

City

Miami

FL

Zip Code

33181

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]

Abdul Alomari

4/16/01

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

TITLE P ☐ Delete
NAME ALOMARI, ABDULWAHED ALI
STREET ADDRESS 12501 N.E. 13TH AVENUE
CITY-ST-ZIP N. MIAMI FL 33161

TITLE P ☒ Change ☐ Addition
NAME Alomari, Abdulwahed
STREET ADDRESS 1805 Sans Souci Blvd #133
CITY-ST-ZIP Miami FL 33181

TITLE VPT ☐ Delete
NAME ABURIALEH, AHMAD
STREET ADDRESS 17043 N.W. 66TH COURT
CITY-ST-ZIP MIAMI FL 33015

TITLE VPT ☒ Change ☐ Addition
NAME ABURIALEH, AHMAD
STREET ADDRESS 8572 NW 196 Terr.
CITY-ST-ZIP Miami, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/01

Daytime Phone #

305 474-8555

CR2E034 (10/00)