

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90014 001 \*\*\*300.00

**DOCUMENT # P97000054489**

1. Entity Name  
**INTER-MERCANTILE CORP.**

*f*

Principal Place of Business      Mailing Address  
**1620 SOUTHWEST 87TH AVE**      **1620 SOUTHWEST 87TH AVE**  
**PEMBROKE PINES FL 33025**      **PEMBROKE PINES FL 33025**

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      **65-0761803**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**MOHAMMED, WAHID**  
**1620 SW 87 AVE**  
**PEMBORKE PINES FL 33025**

**7. Name and Address of New Registered Agent**

Name      **WAHID MOHAMMED**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1620 SW 87 AV**  
 City      **PEMBROKE PINES**      **FL**      Zip Code      **33025**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOHAMMED, WAHID</b>		NAME	
STREET ADDRESS <b>1620 SOUTHWEST 87TH AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33025</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VSD</b>		NAME	
STREET ADDRESS <b>1620 SOUTHWEST 87TH AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33025</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Wahid Mohammed*      **WAHID MOHAMMED**      *Aug 28/00*      *954 433 1664*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Doc # P93000055035 & P97000054489  
20226 20227

August 18, 2000

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: 1) Inter-Mercantile Corp.  
2) South Florida Wholesale Trading Inc.

Dear Sir/Madam,

On March 10th, 2000, the annual Uniform Business reports for the above corporations were filled out, signed, and mailed to your office with our check numbers 528 and 530 respectively.

Sometime in early June, when I realized that these checks were still outstanding, I called your office and spoke to a Miss Fisher, I explained that the reports were filed in March but these checks had not been cashed. After checking the records, she informed me that the reports were still due and probably they were lost, and that we should file a reinstatement form which she was going to send us. We have not received these reinstatement forms and I thought that all was okay until I received your "second notice" form.

I am now enclosing the two second notice forms together with the original fees of \$150.00 each since we have files these way ahead of the May 1st deadline.

I am enclosing a copy of our March 31st bank statement showing the two missing checks, numbers 528 and 530. I have stopped payments on these checks because they are still outstanding.

Kindly accept the foregoing <sup>and</sup> return ~~and~~ these corporations to a current status:

Sincerely,

  
Wahid Mohammed  
Vice President  
(954) 433-1664

Enclosed: 2 report forms  
Check No: 632 - \$300.00

20226

20227

9294926901

ALL TRANSACTIONS BY DATE

DATE	DESCRIPTION	AMOUNT	BALANCE
03/01	YOUR BALANCE AT BEGINNING OF THE PERIOD		13,333.84
03/01	CHECK NUMBER 532	398.88-	12,934.96
03/01	CHECK NUMBER 531	54.72-	12,880.24
03/02	CHECK NUMBER 533	10,000.00-	2,880.24
03/02	CHECK NUMBER 527	1,515.74-	1,364.50
03/03	CHECK NUMBER 529	1,000.00-	364.50
03/15	DP TRANSFER FRM CK 28295201	22,000.00	22,364.50
03/20	CHECK NUMBER 534	10,000.00-	12,364.50
03/21	CHECK NUMBER 535	3,999.85-	8,364.65
03/27	CHECK NUMBER 539	1,000.00-	7,364.65
03/27	CHECK NUMBER 538	1,000.00-	6,364.65
03/27	CHECK NUMBER 540	1,000.00-	5,364.65
03/27	CHECK NUMBER 537	395.14-	4,969.51
03/27	CHECK NUMBER 536	55.55-	4,913.96
03/29	DP 9294926901-FEDWIRE IN	19,975.00	24,888.96
03/29	DP TRANSFER FRM CK 28295201	10,000.00	34,888.96
03/30	CHECK NUMBER 541	3,877.52-	31,011.44
03/31	MONTHLY SERVICE FEE	11.30-	31,000.14
03/31	DIVIDEND PAID	12.28	31,012.42

CHECKS IN ORDER

DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT
03/02	527	1,515.74	03/27	536	55.55
03/03	529*	1,000.00	03/27	537	395.14
03/01	531*	54.72	03/27	538	1,000.00
03/01	532	398.88	03/27	539	1,000.00
03/02	533	10,000.00	03/27	540	1,000.00
03/20	534	10,000.00	03/30	541	3,877.52
03/21	535	3,999.85			

(\*) CHECK NUMBERS MISSING

ACCOUNT SUMMARY

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	DIVIDEND + PAID	- WITHDRAWALS	SERVICE - CHARGE	= ENDING BALANCE
02/29/00	13,333.84	51,975.00	12.28	34,297.40	11.30	31,012.42

SERVICE CHARGE SUMMARY

MONTHLY SERVICE FEE	11.30
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STATEMENT PERIOD FROM 03/01/00 THRU 03/31/00

DIVIDEND EARNED 12.28 \*ANNUAL PERCENTAGE YIELD EARNED 1.51%

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