

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90379 028 \*\*\*150.00

DOCUMENT # P97000055860 ✓  
1. Entity Name AMERICAN INTERNATIONAL  
WHOLESALE ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1410 Coolidge St  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 816098  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HOLLYWOOD FL  
Zip  
33020 Country  
USA

City & State  
HOLLYWOOD FL  
Zip  
33081 Country  
USA

4. FEI Number  
65-0764829 Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name Max Goldman  
Street Address (P.O. Box Number is Not Acceptable)  
4924 MC KINLEY ST  
City HOLLYWOOD FL Zip Code  
33021

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 Goldman VS DATE 4/13/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ISRAEL JOSEPH 4924 MC KINLEY ST HOLLYWOOD FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GOLDMAN MAX 1410 Coolidge ST. HOLLYWOOD FL 33020
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Goldman DATE 4/16/02 (954) 9664098  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34B (12/01)