[redacted] P97000103721

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 28 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

33092

DOCUMENT # P97000103721

1. Entity Name

EL TALLA TRADING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2241 SW 164 AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FLORIDA	City & State
Zip: 33027 Country: BROWARD	Zip Country

DO NOT WRITE IN THIS SPACE
04/24/02 90325-021 150.00

4. FEI Number: 65-0798387 ☐ 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: SUHA EL-TALLA

Street Address (P.O. Box Number is Not Acceptable): 2241 SW 164 AVENUE

City: MIRAMAR FL Zip Code: 33027

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: SUHA EL-TALLA, PRESIDENT 4/8/02
Signature, typed or printed name of individual signing 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) ☐

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	P/S/D SUHA EL-TALLA 2241 SW 164 AVENUE MIRAMAR, FL 33027
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SUHA EL-TALLA, PRESIDENT (954) 433-4140 4/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #