

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

04-17-2003 90195 035 ***150.00

DOCUMENT # P98000108355

1. Entity Name
PROSOURCE INTERNATIONAL EXPORT, INC.



Principal Place of Business
**18855 NW 1 ST STREET
PEMBROKE PINES FL 33029**

Mailing Address
**18855 NW 1 ST STREET
PEMBROKE PINES FL 33029**

55046465



2. Principal Place of Business
MIRAMAR, FLORIDA
Suite, Apt. #, etc.

3. Mailing Address
18700 SW 33 CT.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number
65-0889607

Applied For
☐ Not Applicable

Zip
33029 Country
BROWARD

Zip
33029 Country
BROWARD

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

**ALI, LIAQUAT
18855 NW 1 ST STREET
PEMBROKE PINES FL 33029**

Name
ALI, LIAQUAT
Street Address (P.O. Box Number is Not Acceptable)
18700 SW 33 CT.
MIRAMAR, FL
City
FL Zip Code
33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LIAQUAT ALI** DATE **4/10/03**

FILE/NOVA FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALI, MERZIYA K
18855 NW 1ST ST
PEMBROKE PINES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ALI, MERZIYA K
18700 SW 33 CT.
MIRAMAR, FL 33029** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
MAZAHIR K. ALI
18700 SW 33 CT.
MIRAMAR, FL 33029** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
MAZAHIR K. ALI
18700 SW 33 CT.
MIRAMAR, FL 33029** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MAZAHIR K. ALI (PRESIDENT)** DATE **4/10/03** DAYTIME PHONE # **954-437-8765**

CR2E034 (10/02)