FROM : FAX NO. :

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-21-2002 91164 016 ***150.00

DOCUMENT # P99000045463

1. Entity Name

Cedars Oil, Inc.

[redacted] 94970

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6075 Biscayne Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33137 Country: USA	Zip / Country

4. FEI Number: 65-0931872 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Richard Toledo

Street Address (P.O. Box Number is Not Acceptable): 21 S.E 1st Ave 10th Floor

City: Miami FL Zip Code: 33131

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 _____ DATE
(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)

Amount Enclosed: If 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	President Abdala Kalil 6075 Biscayne blvd Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Ramma L V. President 14501 E. County club Dr. #302 Aventura, FC 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yasser Kobbaissi Secretary 6075 Biscayne blvd Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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: Michael Ramma L 5/1/02 305-525-4040
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #