

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20699

1. Entity Name

A.R.E. T-SHIRTS & TOWELS, INCORPORATED

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90002 021 ***150.00

Principal Place of Business

Mailing Address

17488 SW. 20TH COURT
MIRAMAR FL 33029
US

17488 SW. 20TH COURT
MIRAMAR FL 33029-5542
US

2. Principal Place of Business

8100 NW, 66 STREET

3. Mailing Address

8100 NW, 66 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0323040

Applied For

Not Applicable

Zip

33066

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDHI, MOHAMMED ASIF
17488 SW, 20TH COURT
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name EDHI, MOHAMMED ASIF

Street Address (P.O. Box Number is Not Acceptable)

8100 NW, 66 STREET

City

MIAMI

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE P ☐ Delete
NAME EDHI, MOHAMMED A
STREET ADDRESS 17488 SW, 20TH COURTH
CITY-ST-ZIP MIRAMAR FL 33029

TITLE VP ☐ Delete
NAME EDHI, ABDUL RAUF
STREET ADDRESS 17488 SW, 20TH COURT
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/00

Date

305-436-1000

Daytime Phone #

CR2E034 (9/99)