CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am V20699 DOCUMENT # **Secretary of State** 1. Entity Name A.R.E. T-SHIRTS & TOWELS, INCORPORATED 03-11-2002 90011 044 ***150.00 Principal Place of Business Mailing Address 8100 NW 66 STREET 8100 NW 66 STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE €ity & State City & State 4. FEI Number Applied For 65-0323040 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDHI, MOHAMMED ASIF Street Address (P.O. Box Number is Not Acceptable) 8100 NW 66 STREET **MIAMI FL 33166** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. EXEDUTINE DIRECTOR TITLE ☐ Detete TITLE. EDHI, MOHAMMED A NAME NAME STREET ADDRESS 17488 SW, 20TH COURTH STREET ADDRESS MIRAMAR FL 33029 CITY-ST-ZIP CITY-ST-ZIP EXECUTIVE DIRECTOR OFFICE R - Change TITLE ☐ Delete TITLE MƏƏNN ARMMAHUM, IHCE **EDHI. ABDUL RAUF** NAME NAME 17488 SW, 20TH COURT STREET ADDRESS STREET ADDRESS TD OS, W2 884P1 CITY-ST-ZIP MIRAMAR FL 33029 CITY-ST-ZIP MIRAMAR FL. 33029 ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.