AMENDED

09-16-2002 90091 021 ****61.25

FILED V20699

02 SEP 20 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0138280

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20699

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8100 N.W. 66 STREET	8100 N.W. 66 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0323040 ☐ 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: EDHI, ABDUL RAUF

Street Address (P.O. Box Number is Not Acceptable): 8100 NW 66 ST

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] 11/09/02

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) ☐

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	P
NAME	EDHI, ABDUL RAUF
STREET ADDRESS	17488 SW 20 COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	VP
NAME	EDHI, MOHAMMED ASIF
STREET ADDRESS	17488 SW 20 COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	TR
NAME	EDHI, MUHAMMAD NAEEM
STREET ADDRESS	17488 SW 20 COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] 09/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #