

AMENDED

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

FILED

02 SEP 20 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80138280

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
8100 N.W. 66 STREET

3. Mailing Address
8100 N.W. 66 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number
65-0323040

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

Zip 33166 **Country** USA

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DO NOT WRITE IN THIS SPACE

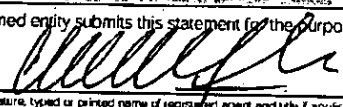
7. Name and Address of Current Registered Agent

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  **11/09/02**

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)**

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

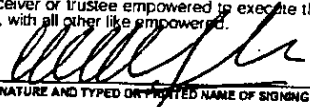
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:  **09/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)