FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-30-2003 90118 038 ***150.00

DOCUMENT # V20699

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8100 NW 66 STREET	17488 SW 20 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIRAMAR, FLORIDA
Zip: 33166 Country:	Zip: 33029 Country:

4. FEI Number: 65-0323040 ☐ 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: EDHI, UZMA

Street Address (P.O. Box Number is Not Acceptable): 17488 SW 20 COURT

City: MIRAMAR FL Zip Code: 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Uzma Edhi — EDHI, UZMA — DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/D	EDHI, UZMA 17488 SW 20 CT MIRAMAR, FL. 33029
VP/D	EDHI, MOHAMMED A. 17488 SW 20TH. COURT MIRAMAR, FL 33029
TR	EDHI, MUHAMMAD NAEEM 17488 SW 20TH. COURT MIRAMAR, FL 33029

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] EDHI, MOHAMMED A. 305-436-1000
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #