2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State P97000000417 DOCUMENT # PRESTIGE PROPERTIES OF JACKSONVILLE, INC. 05-22-2002 90103 001 ***158.75 Principal Place of Business Mailing Address 6100 KENNERLY ROAD 6100 KENNERLY ROAD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address 613-8 ¥ Suite, Apt. #, etc. 6128 KENNERLY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3507538 Not Applicable \$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 Name AKEL, EDWARD C Street Address (P.O. Box Number is Not Acceptable) 1 INDEPENDENT DRIVE **SUITE 2301** Zip Code JACKSONVILLE FL 32202 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE BAHRI NABIL Rd 6128 Kennerly Rd NAME BAHRI, NABIL NAME 6100 KENNERLY ROAD STREET ADDRESS STREET ADDRESS racksonville, Fi CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ANDRE NAME BAHRI, ANDRE NAME STREET ADDRESS 6100 KENNERLY ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 -CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

FILED