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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90719 027 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000417

90119224

1. Entity Name
PRESTIGE PROPERTIES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
6128 KENNEDY RD. JACKSONVILLE, FL 32216	6128 KENNEDY RD. JACKSONVILLE, FL 32216

2. Principal Place of Business	3. Mailing Address
6128 Kennedy RD	6128 KENNERLY RD
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32216 Country: U.S.A	Zip: 32216 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3507538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AKEL, EDWARD C 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, NABIL 6128 KENNEDY RD. JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHRI, ANDRE 6128 KENNEDY RD. JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SOHA BAHRI 5/01/03 904-7377323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #