2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

M59125 DOCUMENT

1. Entity Name

MIAMI COLUMBUS, INC.



Principal Place of Business Mailing Address 371 E. FLAGLER 4100 JOY LAKE ROAD 60015802 **MIAMI FL 33131 RENO NV 89511** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0010535 Not Applicable \$8.75 Additional Zip Country. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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) DATÉ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition X Delete AL-DAHLWI, A. AMIN NAME 4100 JOY LAKE RD STREET ADDRESS RENO NV 89511 ... CITY-ST-ZIP DPST DPST ☐ Addition Delete X Change TITLE AL-DAHLWI, GHASSAN AL-DAHLAWI, GHASSAN NAME 4100 JOY LAKE RD 4100 JOY LAKE ROAD STREET ADDRESS RENO NV 89511- --RENO, NV 89511 CITY-ST-ZIP **▼** Change Addition ☐ Delete TITLE D AL-DAHLWI, ABDULLAU NAME AL-DAHLAWI% ABDULLAH 4100 JOY LAKE RD STREET ADDRESS 4100 JOY LAKE ROAD **RENO NV 89511** CITY-ST-ZIP RENO, NV 89511 Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME

FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90656 049 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:



CR2E034 (10/02)