

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90034 041 ***150.00

DOCUMENT # F94000006070

1. Entity Name

HIGHLAND OAKS, INC.

Principal Place of Business

**C/O NORTHRIDGE CAPITAL INC.
1025 THOMAS JEFFERSON ST., NW #530 EAST
WASHINGTON DC 20007**

Mailing Address

**C/O NORTHRIDGE CAPITAL INC.
1025 THOMAS JEFFERSON ST., NW #530 EAST
WASHINGTON DC 20007**

2. Principal Place of Business

1000 Potomac St., NW

Suite, Apt. #, etc.

Suite 350City & State
Washington, DC

3. Mailing Address

1000 Potomac St., NW

Suite, Apt. #, etc.

Suite 350City & State
Washington, DCZip
20007Country
USAZip
20007Country
USA4. FEI Number **52-1900248**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BAKHASHWAIN, HASAN S**
STREET ADDRESS **1025 THOMAS JEFFERSON ST., NW #530E**
CITY-ST-ZIP **WASHINGTON DC 20007**TITLE **S** ☐ Delete
NAME **BAKHASHWAIN, HASAN S**
STREET ADDRESS **1025 THOMAS JEFFERSON ST., NW #530E**
CITY-ST-ZIP **WASHINGTON DC 20007**TITLE **VP** ☐ Delete
NAME **ABUJBARA, MUSA I**
STREET ADDRESS **1025 THOMAS JEFFERSON ST., NW #530E**
CITY-ST-ZIP **WASHINGTON DC 20007**TITLE **VP** ☐ Delete
NAME **JACKSON, DAVID W**
STREET ADDRESS **1025 THOMAS JEFFERSON ST., NW #530E**
CITY-ST-ZIP **WASHINGTON DC 20007**TITLE **AS** ☐ Delete
NAME **FAY, KEVIN J**
STREET ADDRESS **1025 THOMAS JEFFERSON ST., NW #530E**
CITY-ST-ZIP **WASHINGTON DC 20007**TITLE **T** ☐ Delete
NAME **ABUJBARA, MUSA I**
STREET ADDRESS **1025 THOMAS JEFFERSON ST., NW #530E**
CITY-ST-ZIP **WASHINGTON DC 20007**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Bakhhashwain, Hasan Said**
STREET ADDRESS **1000 Potomac St., NW Suite 350**
CITY-ST-ZIP **Washington, DC 20007**TITLE **S** ☒ Change ☐ Addition
NAME **Hasan Said Bakhhashwain**
STREET ADDRESS **1000 Potomac St., NW Suite 350**
CITY-ST-ZIP **Washington, DC 20007**TITLE **VP** ☒ Change ☐ Addition
NAME **Abujbara, Musa Ibrahim**
STREET ADDRESS **1000 Potomac St., NW Suite 350**
CITY-ST-ZIP **Washington, DC 20007**TITLE **VP** ☒ Change ☐ Addition
NAME **Jackson, David W.**
STREET ADDRESS **1000 Potomac St., NW Suite 350**
CITY-ST-ZIP **Washington, DC 20007**TITLE **AS** ☒ Change ☐ Addition
NAME **Fay, Kevin J**
STREET ADDRESS **1000 Potomac St., NW Suite 350**
CITY-ST-ZIP **Washington, DC 20007**TITLE **T** ☒ Change ☐ Addition
NAME **Abujbara, Musa Ibbahim**
STREET ADDRESS **1000 Potomac St., NW Suite 350**
CITY-ST-ZIP **Washington, DC 20007**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April, 2001

Date

202-625-7890

Daytime Phone #

CR2E034 (10/00)