

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90164 038 \*\*\*150.00

**DOCUMENT # F99000006641**

**1. Entity Name**  
**NREC OAKLAND, INC.**



**Principal Place of Business**  
**2530 DOUGLAS BLVD.**  
**STE. 170**  
**ROSEVILLE CA 95661**  
**US**

**Mailing Address**  
**65 EAST NASA BLVD.**  
**SUITE # 202**  
**MELBOURNE FL 32901**  
**US**



☒ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**204-284 EAU GALLIE BLVD 1501 R.J. CONLAN BLVD.**

**Suite, Apt. #, etc.**  
**204-284**

**3. Mailing Address**

**Suite, Apt. #, etc.**  
**250**

**City & State**  
**INDIAN HARBOR, FL**

**City & State**  
**PALEMBANG, FL**

**Zip**  
**32937**

**Country**  
**U.S.A.**

**Zip**  
**32905**

**Country**  
**U.S.A.**

**4. FEI Number**  
**68-0279204**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**STE. 250**  
**PLANTATION FL 33324**

**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. 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**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PCS**  
**AL-ESSA, JAMIL SULTAN**  
**AL WATANYA BLDG., 10TH FLOOR**  
**SAFAT, KUWAIT 13087** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VDT**  
**AL-ESSA, TAREK ABDUL AZ**  
**AL WATANYA BLDG., 10TH FLOOR**  
**SAFAT, KUWAIT 13087** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**HAYAT, OMRAN**  
**AL WATANYA BLDG., 10TH FLOOR**  
**SAFAT, KUWAIT 13087** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

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**NAME**  
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**CITY-ST-ZIP** ☐ Change ☐ Addition

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (10/02)