## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50645 1. Entity Name MIAMI COLUMBUS HOLDING COMPANY, INC. Principal Place of Business Mailing Address 320 NE 1ST ST 4100 JOY LAKE ROAD MIAMI FL 33132 **RENO NV 89511** 2. Principal Place of Business 3. Mailing Address 371 E<u>. FLAGLER</u> Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number MIAMI,,FL Zip Country Zin Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CDP TITLE ☐ Delete C/D NAME al-dahlawi, amin m M. AMIN AL-DAHLAWI STREET ADDRESS 4100 JOY LAKE ROAD STREET ADDRESS 4100 JOY LAKE ROAD CITY-ST-ZIP **RENO NV 89511** CITY-ST-ZIP RENO, NV DPT **Delete** TITLE AL-DAHLAWI, HASSAN NAME STREET ADDRESS 4100 JOY LAKE ROAD STREET ADDRESS CITY-ST-ZIP **RENO NV 89511** CITY-ST-ZIP TITLE DS Delete TITLE NAME al-dahlawi, abdullah NAME ABDULLAH AL-DAHLAWI STREET ADDRESS 4100 JOY LAKE ROAD STREET ADDRESS 4100 JOY LAKE ROAD CITY-ST-ZIP-RENO NV 89511+ CITY-ST-ZIP -RENO. NV 89511 --TITLE ☐ Delete TITLE P/S/T/D NAME NAME GHASSAN AL-DAHLAWI STREET ADDRESS STREET ADDRESS 4100 JOY LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP RENO, NV 89511 ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

®⊨OU∥GHASSAN AL-DAHLAWI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #