FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P0000007805 1. Entity Name REALTY ESSENTIALS, INC. 04-23-2001 90207 047 ***150.00 Principal Place of Business Mailing Address 3608 DABENTRY CT. 3608 DABENTRY CT. ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Daventry Court 3608 DAVENTRY cour: 3608 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number **6**9-362 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAJEED, BEBE N Street Address (P.O. Box Number is Not Acceptable) 36 08 DAVENTRY 3608 DABENTRY CT. ORLANDO FL 32817 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE DP TITLE ☐ Delete NAME MAJEED, BEBE N 3608 Daventry Court STREET ADDRESS STREET ADDRESS 3608 DABENTRY CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE DVP ☐ Delete TITLE 3608 Daventry Court NAME NAME MAJEED, FARIA M STREET ADDRESS STREET ADDRESS 3608 DABENTRY CT. CITY-ST-7IP CITY - ST - 7/P ORLANDO FL 32817 TITLE DVP D ☐ Addition TITLE ☐ Delete NAME MAJEED, ALLIA N NAME STREET ADDRESS STREET ADDRESS 3608 DABENTRY CT. CITY-ST-ZIP CITY-ST-7iP ORLANDO FL 32817 MAJEED, AMIRA ☐ Change Addition TITLE ☐ Delete TITLE 3608 Daventry Court Orlando FL 32817 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP : TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

BMMGLED
SIGNATURE AND TYPED OR STRIPTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

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Dayline Frone #

☐ Change

☐ Addition

E034 (10/00)