2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # ~ P00000007805 1. Entity Name 04-17-2002 90288 001 ***511 REALTY ESSENTIALS, INC. Principal Place of Business Mailing Address 3608 DAVENTRY CT. 3608 DAVENTRY CT. ORLANDO FL 32817 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3625425 Not Applicable Zip Country Zip 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 Name MAJEED, BEBE N Street Address (P.O. Box Number is Not Acceptable) 3608 DAVENTRY CT. ORLANDO FL 32817 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPT** ☐ Delete TITLE ☐ Change Addition NAME MAJEED, BEBE N NAME STREET ADDRESS 3608 DAVENTRY COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAJEED, FARIA M NAME STREET ADDRESS 3608 DAVENTRY COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP TITLE DVP ☐ Delete TITLE ☐ Change □ Addition NAME MAJEED, ALLIA N. -NAME STREET ADDRESS 3608 DAVENTRY COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change ☐ Addition NAME MAJEED, AMIRA NAME STREET ADDRESS 3608 DAVENTRY COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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