2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000023589 MIAMI CENTER TRAVEL INC. 05-03-2001 91003 023 ***150.00 Principal Place of Business Mailing Address 201 SOUTH BISCAYNE BLVD. SUITE 108 201 SOUTH BISCAYNE BLVD. SUITE 108 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address BISCAYNE BIRD 1601 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Motor City & State City & State 4. FEI Number Applied For 65-0849184 ነ M-41 μΛ Not Applicable 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 KABANI, AHMED Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD, SUITE 108 MIAMI FL 33131 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, typed or printed name of registered agent and title if applicable DATE (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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition KABANI, AHMED NAME NAME STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change TITLE ■ Addition TITLE □ Delete KABANI, NASREEM NAME NAME STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 108 STREET ADDRESS CITY-ST-ZIP MIAMI:FL 33131----CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHEMUMAN, PHILIP NAME STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 attachmen vith an address, with all other like empowered.