AMENDMENT

2001 UNIFORM BUSINESS REPORT (UBR)

07-25-2001 90015 016 ****61.25
P00000043410

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043410

1. Entity Name

DEER RUN DISCOUNT CORPORATION

Principal Place of Business	Mailing Address
4310 DEER RUN ST CLOUD FL 34772	same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4310 DEER RUN	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST CLOUD FL 34772	City & State
Zip: 34772 Country: USA	Zip Country

4. FEI Number: 593637479 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KACHMAR, IBRAHIM K 1057 VIZCAYA LAKE RD. APT #110 OCOEE, FL 34761	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW: Fee is $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT KACHMAR, IBRAHIM K. 4310 DEER RUN RD ST CLOUD, FL 34772	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KACHMAR, IBRAHIM K. 4310 DEER RUN RD ST CLOUD, FL 34772	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABBOUD, FOAUZI 4310 DEER RUN RD ST CLOUD, FL 34772	☒ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 7/14/01 4079572552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #