2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # P0000048095 Entity Name **Secretary of State** HOME LIFE DESIGN, INC. Principal Place of Business Mailing Address 3732 HERON RIDGE LANE 3732 HERON RIDGE LANE LAUDERHILL FL LAUDERHILL FL 33331 33331 2. Principal Place of Business 3. Mailing Address 3732 HERON RIDGE LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For WESTON FL 65-1014083 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33331 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAM GHAZALA SALAM 3732 HERON RIDGE LANE Street Address (P.O. Box Number is Not Acceptable) 3732 HERON RIDGE LANE LAUDERHILL FL33331 City Zip Code WESTON 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. GHAZALA SALAM 04/30/2001 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 FILE NOW!!! FEE 10 \$100.00________After MAY 1, 2001 Fee will be \$550.00._____ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **X** Change ☐ Addition GHAZALA MAME SALAM NAME SALAM GHAZALA 3732 HERON RIDGE LANE STREET ADDRESS STREET ADDRESS 3732 HERON RIDGE LANE CITY-ST-ZIP LAUDERHILL FL 33331 CITY-ST-ZIP WESTON ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: __ghazala salam 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Daytime Phone #

Date