2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State DOCUMENT # P00000080838 1. Entity Name INAARA CORPORATION 05-07-2001 90034 032 ***150.00 Principal Place of Business Mailing Address 300 E. PRINCETON ST. 300 E. PRINCETON ST. ORLANDO FL 33803 ORLANDO FL 33803 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3664736 Not Applicable _.Zip, ___ . Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QASSAM, ABDUL R Street Address (P.O. Box Number is Not Acceptable) 14941 HIDDEN OAK DR. CLEARWATER FL 33764 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS □ Change ☐ Addition TITLE ☐ Delete TITLE President NAME NAME Qassam Rafiq STREET ADDRESS STREET ADDRESS 14941 Hidden Oak Dr. CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL.33764 □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition ☐ Defete TITLE 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

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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TITLE NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafiq

Qassam, President

Change

Change

Addition

☐ Addition