FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P00000107468 **Secretary of State** 1. Entity Name CLIQUE, INC. 02-11-2002 90068 010 ***150.00 Principal Place of Business Mailing Address 3064 N.W. FEDERAL HWY 3064 N.W. FEDERAL HWY JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1058036 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 ELSAYED, AHMED Street Address (P.O. Box Number is Not Acceptable) 3064 N.W. FEDERAL HWY JENSEN BEACH FL 34957 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 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete ☐ Addition NAME ABDEL-RAZAK, HUSSEIN A 3132 NW Feel Hory Change STREET ADDRESS 3064 N.W. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP Jensen Beach Fl 34957 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ELSAYED, AHMED A NAME STREET ADDRESS 3064 N.W. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP-JENSEN BEACH FL 34957 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete 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-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition 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.

SIGNATURI

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTER MAME OF SIGNING OFFICER OF DIRECTO

1-22-02 (561) 468-777

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Daytime Phone #