CR2E034 (9/01

FILED

2002 Uniform Business Report (UBR)

address, with

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # P01000010812 1. Entity Name 04-01-2002 90016 024 ***150 ALPHA CAD CONSTRUCTION, INC. Principal Place of Business Mailing Address 2508 E. 131ST AVENUE 2508 E. 131ST AVENUE **TAMPA FL 33612 TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address 22809 <u>0, Box</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For rampa Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 36*22* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAWAMLEH, MOHAMMAD Street Address (P.O. Box Number is Not Acceptable) 2508 E. 131ST AVENUE **TAMPA FL 33612** Zip Code 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** DATE 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 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Delete Change TITLE TITLE NAME NAME KAWAMLEH, MOHAMMAD 44% STREET ADDRESS STREET ADDRESS 2508 E. 131ST AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 TITLE Delete TITLE Change ☐ Addition NAME NAME ALMASRI, NIDAL STREET ADDRESS STREET ADDRESS 2508 E. 131ST AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 ☐ Delete Change Addition TITLE RAJA ELKHAYYAT. 2508 E. 1315+ Ave NAME NAME 61% STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE 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 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Mohammad Kawamleh 3/21/02