

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90166 016 \*\*\*150.00

**DOCUMENT # P01000050887**

1. Entity Name

**BISCAYNE LAND HOLDING CORP.**

Principal Place of Business

**100 SE 2 STREET 17 FLOOR  
 MIAMI FL 33131**

Mailing Address

**100 SE 2 STREET 17 FLOOR  
 MIAMI FL 33131**

2. Principal Place of Business

**371 E. FLAGLER**

Suite, Apt. #, etc.

**MIAMI**

City & State

**MIAMI, FL**

Zip

**33131**

Country

**US**

3. Mailing Address

**4100 JOY LAKE ROAD**

Suite, Apt. #, etc.

City & State

**RENO, NV**

Zip

**89511**

Country

**US**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SEMET, BARRY N**

**100 SE 2 STREET 17 FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)

**1201 HAYS STREET**

City

**TALLAHASSEE**

**FL**

Zip Code

**32301**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GHASSAN AL-DAHLAWI**

**4/10/02**

Date

Daytime Phone #

CR2E034 (9/01)

ATTACH # P010000050887/645185



ACCOUNT NO. : 072100000032

REFERENCE : 545488 7108515

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : April 23, 2002

ORDER TIME : 11:21 AM

ORDER NO. : 545488-005

CUSTOMER NO: 7108515

CUSTOMER: Ms. Kathy Baltzer  
National Land Corporation  
4100 Joy Lake Road

Reno, NV 89511-2714

CHANGE OF AGENT

NAME: BISCAYNE LAND HOLDING CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Gons -- EXT# 1128

MINER: \_\_\_\_\_