2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90209 036 ***150.00

DOCUMENT # P01000066996

1. Entity Name
ABDULLAH HOLDINGS INC

Principal Place of Business	Mailing Address
3101 MAGUIRE BLVD #101 ORLANDO FL 32803	3101 MAGUIRE BLVD #101 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1818. Cherry wood Ct	1818. Cherry wood Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST CLOUD FL	City & State: ST. CLOUD FL.
Zip: 34769 Country:	Zip: 34769. Country:

4. FEI Number: Applied for at IRS ATLANTA 08/24/01 — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARWOOD, CHRIS J 3103 MAGUIRE BLVD STE 101 ORLANDO FL 3280-3	Name: JOHN ABDULLAH Street Address (P.O. Box Number is Not Acceptable): 1818. Cherry wood Court. City: ST. CLOUD FL Zip Code: 34769.

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] DATE 04/07/02.

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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABDULLAH, JOHN MR. 3101 MAGUIRE BLVD #101 ORLANDO FL 32803 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN ABDULLAH 1818, Cherrywood Court ST. CLOUD. FL. 34769. ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 04/07/02 407 498 0408.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #