2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State DOCUMENT # P01000083258 1. Entity Name 05-12-2002 90630 041 ***150 00 NACCOUR IMPORT EXPORT CORPORATION Principal Place of Business Mailing Address 7238 DECISION ROAD 7238 DECISION ROAD LAND O' LAKES FL 34629 LAND O' LAKES FL 34629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-374/802 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 LUCKY, JOYCE F Street Address (P.O. Box Number is Not Acceptable) 7238 DECISION ROAD LAND O' LAKES FL 34639 Zin Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition Change Change TITLE TITLE □ Delete NEMER EINAKKOUR MARKE LUCKY, JOYCE Just 7238 DECISION R STREET ADDRESS STREET ADDRESS 7238 DECISION RD CITY-ST-ZIP LAND O' LAKES FL 34639 Reverse CITY-ST-ZIP AND O'LAKES, FI 34639 ☐ Addition TITLE 🗲 🔲 Delete TITLE JOYCE LINCKY 1238 Ducision Ro NAME NAME NACCOUR, NEMER STREET ADDRESS STREET ADDRESS 7238 DECISION RD LAND O'HAKOS F1 34639 CITY-ST-ZIP CITY_ST-ZIP LAND O'LAKES FL 34639 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

□ Delete

☐ Change

☐ Addition