FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102577

1. Entity Name: Melbourne Preschool INC

FILED
02 JUL -9 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2201 Sarno Rd
Suite, Apt. #, etc.:
City & State: Melbourne
Zip: 32935 Country: US

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1145883 — Applied For / Not Applicable

5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Kutaiba Abu-Hannoud
Street Address (P.O. Box Number is Not Acceptable): 2201 Sarno Rd
City: Melbourne FL Zip Code: 32935

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: X Kutaiba Abu-Hannoud
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

~~January 1 - May 1 Fee is $150.00~~
~~After May 1, Fee is $550.00~~
~~Amended UBR is $61.25~~
~~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: PRESIDENT NAME: Kutaiba Abu-Hannoud STREET ADDRESS: 2201 SARNO Road CITY-ST-ZIP: Melbourne, Fl. 32935	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 900006660259--1 -07/25/02--01045--012 *****26.25 *****26.25
TITLE: SECRETARY NAME: Kutaiba Abu-Hannoud STREET ADDRESS: 2201 SARNO-Hannoud CITY-ST-ZIP: Melbourne, Fl. 32935	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 900006660259--1 -07/25/02--01045--013 *****43.75 *****43.75
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Kutaiba Abu-Hannoud President (352) 254-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ORL501248 (12/01)