~2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000009977

Mailing Address

TAMPA FL 33614

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

6504 NORTH HIMES AVE.

i. Entity Name

TAMPA FL 33614

3504, INCORPORATED

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

AL-SHALABI, JAMAL

1519 YARDLEY DR. WESLEY CHAPEL FL 33543

City & State

Zip

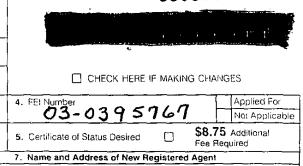
6504 NORTH HIMES AVE.



FILED Aug 11, 2003 8:00 am Secretary of State

03-12-2003 90068 014 ***150.00

Zip Code



| | | | | <u>' </u> | |
|----|---|---|--------------------------|--|--------|
| i. | The above named entity submits this statement for the purpose of changing its registere | ed office or registered agent, or both, | in the State of Florida. | I am familiar with, and a | iccebi |
| | the obligations of constand agent | | | | |

Country

Name

City

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

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1; 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE Cnange Addition NAME AL-SHALABI, JAMAL NAME 1519 YARDLEY DR. STREET ADDRESS STREET ADDRESS WESLEY CHAPEL FL 33543 CHY - S1 - 7/P CITY-S1-ZIP HILL ☐ Delete Addition 11TLE Change STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP mu Defete ☐ Change Addition DAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP. CITY - ST - ZIP HH Detete 010.0 Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-ST-AP City+S1-ZiP HHE Change Defete DIRE Addition MAME STREET ADDRESS STRUET ADDRESS C11Y-S1-7(P CHY-SI-ZIP 1111.0 Delete THE Change Addition ΠΑΜΕ DAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMAL AL-SHALABI 3/03/03

(10/02)CR2E034 2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nam | MENT # P020(| 0000 | 9977 | | | | | | | |
|--|---|-----------------------|--|--|--------------------------------|--------------|---------------------------|--------------------|-----------------------------|---------------|
| Principal Place of Business 6504 NORTH HIMES AVE. TAMPA FL 33614 | | 6504 N | Mailing Address 6504 NORTH HIMES AVE. TAMPA FL 33614 | | 55053827 | | | | | |
| 2. Principal Place of Business 3. Ma | | | ng Address | | | ì | | | | |
| Suite, Apt. #, etc. | | Suite | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City 8 | Dity & State | | 4. FEII | Number | | | oplied For of Applicable | |
| Zip | Country | Zip | | Country | | 5. Cert | ificate of Status Desire | d 🗆 | \$8.75 Add | ditional d |
| | 6. Name and Address of Curren | Registered | Agent | Nam | | 7. Nam | e and Address of Ne | w Registered A | gent | |
| 1519 YAR | NBI, JAMAL DLEY DR. CHAPEL FL 33543 | •- | | | et Address (P | P.O. Box f | Number is Not Accepta | ible) | Zip Code | e |
| signature . | named entity submits this statement finns of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 or Payable to Florida Department or | t and title if applic | | egistered offic | | when reinsta | | DATE Financing | \$5.0 | IO May Be |
| 10. | OFFICERS AND | DIRECTOR | | 11. | | ADDIT | IONS/CHANGES TO C | OFFICERS AND | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AL-SHALABI, JAMAL 1519 YARDLEY DR. WESLEY CHAPEL FL 33543 | | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | ss | | , | | Change | ☐ Addition) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | ss | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | ss | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete - → → | NAME STREET ADDRE CITY-ST-ZIP | ss | | 1, | | · Change - | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | SS | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby C | ertify that the information supplied wit on this report or supplemental report | h this filina d | Delete Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP ne exemption | stated in Sec | otion 119. | 07(3)(i), Florida Statute | es. I further cert | ☐ Change | Addition |

of the corporation or the receiver net rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #