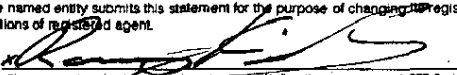


FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90061 018 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80127484

DOCUMENT # P02000051865		
1. Entity Name PRINCE INTERNATIONAL, INC. ✓ (1)		
Principal Place of Business 17811 EAGLE TRACE DR TAMPA, FL 33647		Mailing Address 17811 EAGLE TRACE DR TAMPA, FL 33647
2. Principal Place of Business 1315 US Hwy 98 South		3. Mailing Address 1315 US Hwy 98 South
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Lakeland, Florida		City & State Lakeland, Florida
Zip 33801		Zip 33801
Country		Country
4. FEI Number 04-3665716		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent MASWADI, ZEYAD A 17811 EAGLE TRACE DR TAMPA, FL 33647		7. Name and Address of New Registered Agent Name Ramez Kishta Street Address (P.O. Box Number is Not Acceptable) 1315 US Hwy 98 South City Lakeland, FL Zip Code 33801
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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASWADI, ZEYAD A 17811 EAGLE TRACE DR TAMPA, FL 33647 ☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHALIL, AMIR M 17811 EAGLE TRACE DR TAMPA, FL 33647 ☒ Delete	P/T/S/D Massara Kishta 1315 US Hwy 98 South Lakeland, FL 33801 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	V/D Ramez Kishta 1315 US Hwy 98 South Lakeland, FL 33801 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. 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 507, 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:  6/19/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

CR2E034 (10/02)