2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

302 SOUTHARD STREET. SUITE 107

P02000129805 **DOCUMENT #**

1. Entity Name

WAHA PROPERTIES, INC.

302 SOUTHARD STREET. SUITE 107

Principal Place of Business



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90063 031 ***150.00

(EY WEST FL 33040 2. Principal Place of Business		KEY WEST FL 33040 3. Mailing Address				
				T I BON TON THE BOARD SHOULD SHOULD BE SHOULD SHOUL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For 55-0812346 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
6.	Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
	a same property and the same		Name	Burgara Cara Cara Cara Cara Cara Cara Cara		
ALLEN, HENRY 302 SOUTHARD STREET, SUITE 107			Street	Street Address (P.O. Box Number is Not Acceptable)		
KEY WEST FL	•		City	FL Zip Code		
3. The above name the obligations of	ed entity submits this statement for if registered agent.	the purpose of changing	its registered office	e or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	are, typed or printed name of registered agent ar	d title if applicable. (N	OTE: Registered Agent sign	gnature required when reinstating) DATE		
FILE I	NOW!!! FEE IS \$150.00 71, 2003 Fee will be \$550.00 able to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	OF IDEIG AND C	☐ Delete	TITLE	William N. Allen PD Change Addition ss 115 Key Haven Rd		
NAME	•		NAME .	William Northern VI		
STREET ADDRESS			STREET ADDRES	SS 115 Ney Maver na		
CITY-ST-ZIP	• •		CITY-ST-ZIP	Key West, FL 33040		
TITLE		☐ Delete	TITLE	VIS/T/D □ Change 🛛 Addition		
NAME	$\frac{1}{2}$		NAME	Henry B. Allen		
STREET ADDRESS	•		STREET ADDRES	Henry B. Allen 133 United St. 22040		
CITY-ST-ZIP		•	CITY-ST-ZIP	Ker West, FL 33040		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	J*	and the second	NAME	and the second s		
STREET ADDRESS			STREET ADDRES	SS		
CITY-ST-ZIP			CITY-ST-ZIP	Change Addition		
TITLE		☐ Delete	TITLE	Li Cusige Li Additor		
NAME			NAME STREET ADDRES	200		
STREET ADDRESS			CITY-ST-ZIP	30		
CITY-ST-ZIP				☐ Change ☐ Addition		
TITLE	•	☐ Delete	TITLE	- Change - Novinon		
NAME			NAME STREET ADDRES	ess		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
		□ Delete	TITLE	☐ Change ☐ Addition		
TITLE	•	∟ Delete	NAME			
NAME STREET ADDRESS			STREET ADDRES	ess		
CITY-ST-ZIP			CITY-ST-ZIP			
12 I hereby certify	v 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 supplied with this ming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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:

Daytime Phone #