

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06101

1. Entity Name

LIVE OAK REALTY N.V.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90084 023 ***150.00

Principal Place of Business

Mailing Address

~~401 E JACKSON ST~~
~~SUITE 2050~~
~~TAMPA, FL 33601-1010~~
~~US~~

~~PO BOX 1010~~
~~TAMPA FL 33601-1010~~
~~US~~

2. Principal Place of Business

785 117th Terrace N.

3. Mailing Address

P.O. Box 21406

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete, Fl

City & State

St. Pete, Fl

Zip

33716

Country

U.S.A.

Zip

33742

Country

U.S.A.

4. FEI Number

59-2490729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GARDNER, MERRITT A.~~
~~401 E JACKSON ST~~
~~SUITE 2050~~
~~TAMPA FL 33602~~

Name

Paul F. Kastes

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

785 117th Terrace N.

City

St. Petersburg

FL

Zip Code
33776

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)

04/12/00

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME A
STREET ADDRESS GHAZZAWI, BELAL T.
CITY-ST-ZIP KING ABDUL AZIZ ST.
DAMMAM, SAUDI ARABIA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS 1ST INDEPENDENT TUST CRS
CITY-ST-ZIP 7 ABRAHAM DE VEERSTRAAT
CURACAO, N ANITLES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Belal Ghazzawi
Attorney-In-Fact

04/13/00

Date

(727)576-5684

Daytime Phone #

CR2E034 (9/99)