## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2001 8:00 am Secretary of State DOCUMENT,# P92000012402 1. Entity Name KHOUR! VENTURES, INC. 05-02-2001 90106 021 \*\*\*150.00 Mailing Address Principal Place of Business 5401 KIRKMAN RD 5401 KIRKMAN RD STE 725 STF 725 ORLANDO FL 32819 ORLANDO FL 32819 US US 2. Principal Place of Business 3. Mailing Address 5728 MAJOR BIVE 728 MAJOR Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc Suite 60 4. FEI Number Applied For City & State City & State 59-3160039 FLNot Applicable )rlando Country **\$8.75** Additional П 5. Certificate of Status Desired 9819 Fee Required us 32*819* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KHATIB, RASHID A. Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN RD **STE 725** 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819 City ORLANDO FL 32819 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 4 Change ☐ Addition Delete TITLE TITLE NAME KHATIB, RASHID, NAME STREET ADDRESS STREET ADDRESS 5401 KIRKMAN RD, STE 725 5728 MAJOR BLVD., STE. 601 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ORLANDO FL 32819 Addition TITLE TITLE ☐ Delete NAME KHOURI, ZAHI W NAME 5728 MAJOR BLVD., STE. 601 STREET ADDRESS STREET ADDRESS 5401 KIRKMAN RD. #725 ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Rashid A Khatia

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 (407) 354-2200