

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

APPROVED
AND
FILED

DOCUMENT # **P 930000 41 690**

1. Entity Name
Old Bainbridge Properties Inc

02 JUN 11 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1330 W. Orange Ave
Suite, Apt. #, etc.

3. Mailing Address
1330 W. Orange Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

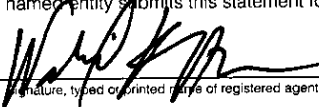
City & State **Tallahassee, FL**
Zip **32304** Country **Leon**

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Zip **32304** Country **Leon**

4. FEI Number **59-32 05760**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

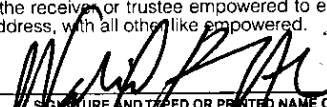
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Walid Abulaban**
Street Address (P.O. Box Number is Not Acceptable)
1975 Hickory Tree LN
City **Tallahassee** FL Zip Code **32303**

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  **Walid Abulaban PR** DATE **6/11/02**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR Walid Abulaban 1975 Hickory Tree LN Tallahassee, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005821907--5 -06/18/02--01079--022 *****245.00 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Danny Qasem 1610 W. Tennessee St Tallahassee, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.
SIGNATURE:  **Walid Abulaban PR** Date **6/11/02** Daytime Phone # **524 2105**
(Signature and typed or printed name of signing officer or director)

CR2E034B (12/01)