09/16/02 15:18 FAX 4073540470 DOWNTOWN BUS S

FILED
Sep 18, 2002 8:00 am
Secretary of State
09-18-2002 90050 034 ***550.00

872616

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051012

1. Entity Name
NO. 4, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2113 E. LINEBAUGH AVE.		7345 SAND LAKE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 412	
City & State: TAMPA, FLORIDA		City & State: ORLANDO, FLORIDA	
Zip 33612	Country USA	Zip 32819	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3192588 — 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 YASIN SAAD
Street Address (P.O. Box Number is Not Acceptable)
2113 E. LINEBAUGH AVE.
City TAMPA FL Zip Code 33612

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 (✓) YASIN SAAD 9/13/2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	PRES./DIR.
NAME	YASIN SAAD
STREET ADDRESS	6125 QUEENSWAY DR.
CITY-ST-ZIP	TAMPA, FLORIDA 33617
TITLE	SEC./TREASURER/DIR.
NAME	JAMAL AL-SHALABI
STREET ADDRESS	1519 YARDLEY DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33543
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP (×6)

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: (✓) [signature] YASIN SAAD-PRES. 9/13/2002 813-873-7019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #