2000 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P94000059928** REMPY ENTERPRISE, INC. 03-15-2000 90069 047 ***150.00 Mailing Address Principal Place of Business 7110 ROTHCHILD CT SHORT SHOP FOOD STORE ORLANDO FL 32835-6177 401 W 4TH STREET, SR 419 CHULUOTA FL 32766 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3261112 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REMTULLA, FATEHALI H Street Address (P.O. Box Number is Not Acceptable) 7110 ROTHCHILD COURT ORLANDO FL 32835 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Defete TITLE TITLE REMTULLA, AMIN F NAME NAME 7110 ROTHCHILD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete Change Addition TITLE TITLE REMTULLA, NAZNEEN A NAME NAME 7110 ROTHCHILD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE REMTULLA, FATEHALI H NAME NAME STREET ADDRESS 7110 ROTHCHILD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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