2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State P94000083280 DOCUMENT # 1. Entity Name 05-21-2002 91213 029 ***150.00 BARA VINELAND, INC. Mailing Address Principal Place of Business 5728 MAJOR BLVD SUITE 601 5728 MAJOR BLVD SUITE 601 ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3280754 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 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) 5728 MAJOR BLVD SUITE 601 ORLANDO FL 32819 Zip Code City 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. (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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Delete TITLE TITLE PSD -NAME KHATIB, RASHID A MAME STREET ADDRESS 5728 MAJOR BLVD SUITE 601 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete TITLE TITLE 7582 W. Sand (ake RD NAME NAME MAALI, JESSE I STREET ADDRESS STREET ADDRESS 6454-INTERNATIONAL DRIVE CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP Addition ☐ Delete TITLE NAME KHOURI, ZAHI W STREET ADDRESS STREET ADDRESS 5728 MAJOR BLVD SUITE 601 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Change ☐ Addition ☐ Delete TITLE 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 ☐ Change , ☐ Addition ☐ Delete TITLE TITLE NAME 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.

Daytime Phone #