

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049297

1. Entity Name

MAGNOLIA INTERNATIONAL PROPERTIES, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90154 043 ***150.00

Principal Place of Business

5049 LATROBE DRIVE
WINDERMERE FL 34786

Mailing Address

5049 LATROBE DRIVE
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3321254**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHALL, ROBERT
3501 WEST VINE STREET, SUITE 352
KISSIMMEE FL 34741

Name
AL-HAKIM, ARIF
Street Address (P.O. Box Number is Not Acceptable)
5049 LATROBE DRIVE
City
WINDERMERE FL Zip Code
34786

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

Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT
ARIF AL-HAKIM

(NOTE: Registered Agent signature required when reinstating)

1-8-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AL-HAKIM, ARIF K 5049 LATROBE DRIVE WINDERMERE FL 34786 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD AL-SAADON, SALF M 5049 LATROBE DRIVE WINDERMERE FL 34786 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
ARIF AL-HAKIM

Date

1-8-01

Daytime Phone #

407935-1055

CR2E034 (10/00)