FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90244 024 ***158.75

DOCUMENT # P95000062939

1. Entity Name: CRESCENT COLONIAL MOBIL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1600 E. COLONIAL DR.	SAME
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: ORLANDO, FL 32802	City & State
Zip: 32802 / Country: ORANGE	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3336505 ☐ 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: JAVED RAHMAN

Street Address (P.O. Box Number is Not Acceptable): 105 RIVER CHASE DR

City: ORLANDO **FL** Zip Code: 32807

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

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	D
NAME	ARIF RAHMAN
STREET ADDRESS	105 RIVER CHASE DR
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	JAVED RAHMAN
NAME	D
STREET ADDRESS	105 RIVER CHASE DR
CITY-ST-ZIP	ORLANDO FL 32807
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	

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: Arif Rahman ARIF RAHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #