FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P96000016230 RALEIGH GROUP INVESTMENTS, INC. 04-18-2000 90145 007 ***158.75 Mailing Address Principal Place of Business 5990 (R) N." FEDERAL HWY 1133 S. UNIVERSITY DR. ₩22 ZO Z Plantation fl 33324-3303 FT LAUDERDALE FL 33308 US 3. Mailing Address 2. Principal Place of Business 101 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Qity & State Applied For 4. FEI Number 65-0641893 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAHSHEH, WAEL Street Address (P.O. Box Number is Not Acceptable) C/O MGMT CORP 1133 S. UNIVERSITY DR. - STE 202 PLANTATION FL 33324 Zip Code City 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, 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. **PVST** DPVST ✓ Addition ☐ Change Delete . TITLE TITLE Mariam EL-Youssef WAEL, DAHSHEH NAME NAME SBI SW 101 Terr. <u>5</u> 1681 NW 100TH WAY STREET ADDRESS STREET ADDRESS Plantation, Fl. 33324 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 M Delete TITLE Change Addition TITLE WAEL DAHSHEH NAME NAME 1681 NW 100TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33322 Change **Addition** ☐ Delete TITLE TITLE فتعام سية NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/5/200 (954) 472-3455