

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016230

1. Entity Name

RALEIGH GROUP INVESTMENTS, INC.

Principal Place of Business

Mailing Address

101 SW 31ST AVENUE
FORT LAUDERDALE FL 33312

1133 S. UNIVERSITY DR.
#202
PLANTATION FL 33324
US

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 65-0641893

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

DAHSHEH, WAEI
C/O MGMT CORP
1133 S. UNIVERSITY DR. - STE 202
PLANTATION FL 33324

Name Cheryl Levine
Street Address (P.O. Box Number is Not Acceptable)
1133 S. University Drive
Suite 202
City Plantation FL Zip Code 33324

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

Cheryl Levine / Wael Dahsheh

DATE

11/12/2001

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

| | | |
|----------------|---------------------|--|
| TITLE | PVST | <input checked="" type="checkbox"/> Delete |
| NAME | WAEI, DAHSHEH | |
| STREET ADDRESS | 1681 NW 100TH WAY | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WAEI, DAHSHEH | |
| STREET ADDRESS | 1681 NW 100TH WAY | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | P/V/P/T/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Levine, Cheryl | |
| STREET ADDRESS | 1133 S. University Drive #202 | |
| CITY-ST-ZIP | Plantation, FL 33324 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE:

Cheryl Levine / Wael Dahsheh

11/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)