2003 FOR PROFIT CORPORATION

Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P96000025913 DOCUMENT # 01-27-2003 90548 017 ***150.00 1. Entity Name MICHAEL NABAVI CONSTRUCTION, INC. Principal Place of Business Mailing Address 7645 TURKEY LAKE ROAD 7645 TURKEY LAKE ROAD ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3379982 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NABAVI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7645 TURKEY LAKE ROAD ORLANDO FL 32819 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NABAVI, MICHAEL NAME NAME 7645 TURKEY LAKE RD STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP David Nabari ☐ Delete TITLE Addition TITLE NABAVI, LINDA NAME NAME STREET ADDRESS 7645 TURKEY LAKE RD STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ST ☐ Delete TITLE Change ☐ Addition TITLE NABAVI, LINDA NAME. STREET ADDRESS 7645 TURKEY LAKE RD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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TITLE

NAME STREET ADDRESS

TITLE

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☐ Delete

Delete

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FILED

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