## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P96000060237 Mar 03, 2000 8:00 am **Secretary of State** RAWAN PROPERTIES, INC. 03-03-2000 90026 001 \*\*\*150.00 Principal Place of Business Mailing Address 190 S SYKES CREEK PKWY 190 S SYKES CREEK PKWY SUITE #4 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-3512 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3394870 Not Applicable Country Zip \$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 GAICH, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 190 \$ SYKES CREEK PKWY SUITE #4 MERRITT ISLAND FL 32952 Zin 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. SIGNATURE DATE 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 11. V D Addition ☐ Delete TITLE TITLE GAICH. MICHAEL G NAME NAME Nashar, Mahmoud M. 190 S SYKES CREEK PKWY SUITE #4 STREET ADDRESS STREET ADDRESS Nashar Tower King Abdul Aziz St. MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP Jeddah, Saudi Arabia 21452 Addition TITLE MAIN, WILLIAM J NAME ALIREZA TOWER, 4TH FLOOR, MEDINAH ROAD STREET ADDRESS STREET ADDRESS JEDDAH, SAUDI ARABIA 21452 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 empower

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2000 (321)453

Date Dayling Phone # 42