2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am DOCUMENT # P9700000515 **Secretary of State** WATER HAVEN DEVELOPMENT CORP. 03-20-2000 90093 024 ***150.00 Principal Place of Business Mailing Address 3501 W. VINE STREET 3501 W. VINE STREET SUITE 352 SUITE 352 C0040177 KISSIMMEE FL 34741 KISSIMMEE FL 34741-4649 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3417216 Not Applicable Zip Country Zip 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 Name -AL-HAKIM, ARIF K Street Address (P.O. Box Number is Not Acceptable) 3501 W. VINE STREET SUITE 352 KISSIMMEE FL 34741 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 **\$5.00** May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME AL-HAKIM, ARIF NAME STREET ADDRESS **5049 LATROBE DRIVE** STREET ADDRESS CITY-ST-ZIP **WINDERMERE FL 34741** CITY-ST-ZIP TITLE D ☐ De'ete TITLE ☐ Change ☐ Addition NAME AL-JUNDI, AHMED NAME STREET ADDRESS 3501 W. VINE STREET, STE. 352 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition AL-SAADOON, SAIF NAME STREET ADDRESS 3501 W. VINE STREET, STE. 352 STREET ADDRESS CiTY-ST-7i₽ KISSIMMEE FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARGHUTHI, AHMED NAME STREET ADDRESS 3501 W. VINE STREET, STE, 352 STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

3/14/00

1. JOUTHO