

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90064 048 ***150.00

DOCUMENT # P97000000515

1. Entity Name

WATER HAVEN DEVELOPMENT CORP.



Principal Place of Business

**3501 W. VINE STREET
SUITE 352
KISSIMMEE FL 34741**

Mailing Address

**3501 W. VINE STREET
SUITE 352
KISSIMMEE FL 34741**

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 **59-3417216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AL-HAKIM, ARIF K
3501 W. VINE STREET
SUITE 352
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **ARIF AL-HAKIM**

Street Address (P.O. Box Number is Not Acceptable)

**5049 LATROBE DRIVE
WINDERMERE**

City **WINDERMERE**

FL

Zip Code **34786**

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

ARIF AL-HAKIM

ARIF AL-HAKIM PRESIDENT

1/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **AL-HAKIM, ARIF**
STREET ADDRESS **5049 LATROBE DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34741**

TITLE **D** ☒ Delete
NAME **AL-JUNDI, AHMED**
STREET ADDRESS **3501 W. VINE STREET, STE. 352**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☒ Delete
NAME **AL-SAADON, SAIF**
STREET ADDRESS **3501 W. VINE STREET, STE. 352**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☒ Delete
NAME **BARGHUTHI, AHMED**
STREET ADDRESS **3501 W. VINE STREET, STE. 352**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ARIF AL-HAKIM**
STREET ADDRESS **5049 LATROBE DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **AHMED AL-JUNDI**
STREET ADDRESS **5049 LATROBE DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **SAIF AL-SAADON**
STREET ADDRESS **5049 LATROBE DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **AHMED BARGHUTHI**
STREET ADDRESS **5049 LATROBE DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ARIF AL-HAKIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

407 5950404
Daytime Phone #

CR2E034 (10/02)