2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000028604 ` ZUREIQ RETAIL, INC. 04-25-2001 90134 012 ***150.00 Principal Place of Business Mailing Address 4630 PRAIRIE PT 4630 PRAIRIE PT KISSIMMEE FL 34746 KISSIMMEE FL 34746 COGURUUU 2. Principal Place of Business 3. Mailing Address 4606 Eagle PO BOX 42090-Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3500125 tsslmmee Not Applicable Zip \$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 ZUREIQ. SALIM Street Address (P.O. Ber Number is Not Acceptable) 4630 PRAIRIE DT-KISSIMMEE FL 34746 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D, S, T TITLE TITLE ☐ Delete Addition **ZUREIQ, SALIM** NAME NAME 4606 Eagle Pook DR KISSIMMER, RA 34746 4630-PRAIRIE PT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP TITLE ☐ Delete NAME mike tured STREET ADDRESS STREET ADDRESS 4606 Eagle Peak Dr. CITY-ST-ZIP Krssimmee, FL. 34746 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Raed Eurein Point MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RPSSIMME, FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR