## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2001 8:00 am Secretary of State DOCUMENT# P9800050265 1. Entity Name WENVEST II, INC. 05-02-2001 90106 016 \*\*\*150.00 Principal Place of Business Mailing Address 5401 KIRKMAN RD. SUITE 725 5401 KIRKMAN RD. SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 5728 MAJOR Blud MAJOR 5728 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 601 Applied For City & State 4. FEI Number City & State 59-3514588 Not Applicable Orlandu Country \$8.75 Additional 5. Certificate of Status Desired 2819 Fee Required 2819 us 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN RD, SUITE 725 ORLANDO FL 32819 5728 MAJOR BLVD., STE. 601 Zip Code ORLANDO FL 32819 FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD Change [ ] Addition TITLE D Delete DILE KHATIB, RASHID A NAME NAME 5728 MAJOR BLVD., STE. 601 STREET ADDRESS 5401 KIRKMAN RD, SUITE 725 STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-7IP Change Addition ☐ Delete TITLE Randall R Hodge TITLE NAME NAME 5728 MAJOR BIND, Ste 601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando FL 32819 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 empower A Khatib

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

4/16/01

CR2E034 (10/00)