2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P98000071747 MNT CONSULTING INC. 03-01-2001 90026 046 ***150.00 Principal Place of Business Mailing Address 13876 SW 56TH ST 13876 SW 56TH ST STE 311 STE 311 MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0865729 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 TUBAISHAT, MOHAMMED Street Address (P.O. Box Number is Not Acceptable) 3215 SW 62ND AVE **APT 96** PEMBROKE PINES FL 33023 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITI E ☐ Delete TITLE ☐ Change ☐ Addition TUBAISHAT, MOHAMMED NAME NAME STREET ADDRESS 13290 SW 88TH LN. STE 110 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP D TITL 5 ☐ Delete TITLE Change ☐ Addition ATBEISAT, MOHAMMED ATIH NAME NAME 13290 SW 88TH LN, STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE SHEHADEH, MOHDALI NAME NAME 2312 DOMINGUEZ ST. #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TORRANCE CA 90501** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE ALHAKAWATI, ABDUL NAME NAME 13876 SW 56TH ST, STE 311 STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

MMED TUBISHAT 2-23-01 B10,560-664.

FILED