FILED Jun 05, 2002 8:00 am Secretary of State 05-15-2002 90082 032 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

| DOCUMEN 1. Entity Name | T# P980° elilah Fah | 20103161 | <u>-</u> | | | | | | |
|--|--|-------------------------------|----------------|--|----------------------------|---|----------------|--------------------------------|------------------|
| Abde | elilah Fah | : | | | | | | | |
| | NOT WRITE | <u> </u> | PAC | CE . | | | | | |
| CFI Westque Resorts 5144 Conto | | | | }d | | | 1 1 | 589 | |
| 2770 Old Lake Wilson Rd Suite Apr. Jetc. | | | | , | 1 | DO NOT WRITE IN THIS | | - - | |
| City & State | E) | City & State | | 4. FE | 1 Number 59-3545 | ?68 | Applied For | _ | |
| Kissimmee Zip | Country | Orlando 210 | | ├ | 981854216 | | Not Applicable | le l | |
| 34747 USA 1 | | 32811 0 | | ŠΑ | SA 5. Certificate or State | | Fee R | 5 Additional equired | İ |
| Ġ. | | | _ <u></u> | Name | 7. Nam | e and Address of Current Register | d Agen | nt | ┦ |
| [| DO NOT W | RITE | | Street Address (| P.O. Box | Number is Not Acceptable) | | = | |
| IN THIS SPACE | | | | Section 55 (16) 55 (16) 15 (16) 16 (16 | | | | | |
| | | _ | | City | | | | | 4 |
| 8 The shove named an | ity Submits this statement for | the more of the said a land | | | | FI | _] ~ [| p Code | 4 |
| 3 | ny sponias in a statement to | the purpose of changing its | registeri | ed office or register | ed agen | t, or both, in the State of Florida. | | | |
| SIGNATURE X | d at priving name of registered agran as | d talo if applicable. (NOT | E: Hispanisc | 1 Адия задачнае париесі | when trans | aling) DAfé | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) January 1 - May After May 1. Amended I Make Check Payable | | | | s \$550:00 s \$61.25 | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 11, | OFFICERS AND D | | I D | partment of Stat | | | | | 1 |
| PITLE NAME | | | TITLE | , 1 | | • | | | าิฐิ |
| STREET ADDRESS CITY ST. 2P | | | STREE | T ADDRESS | | | | | CR2E0348 (12/01) |
| INTLE | | | CITY | ST-ZIP | | | | | 18 |
| NAME | | | NAME | | | | | | 8 |
| STREET AUDRESS CITY-ST-ZIP | | | | TACORESS ST-ZIP | | | | | |
| THE | | | TITLE | 1 | | | | | 1 |
| NAME STREET AODRESS | | | MAME STREE | TADDRESS. | | | | | |
| CHY ST: 2ip | | ميويد و يعانسوند-، | CITY | ST-ZP | | DO NOT WRI | <u>ĮĘ</u> | | |
| TIFLE NAME | | | TITLE NAME | 1 | | IN THIS SPACE | E | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ADDRESS | | | | | |
| INTE | , | | CITY-S DTLE | 1-ZIP : | | | | · <u>.</u> | ┨ |
| NAME STREET ADDRESS | | | NAME | | | | | | |
| CITY-ST-ZIP | | | CITY-S | ADORESS 1-71P | | | | i | |
| TITLE NAME | | | mue | ;] | | · · · · · · · · · · · · · · · · · · · | | ** | 1 |
| STREET ADDRESS | | | NAME STREET | ADDRESS | | • | | | |
| CITY-ST-ZIP | | | CITY-S | , , | | | | | |
| of the corporation or th | | ered to execute this renor. | | | | 07(3)(i), Florida Statutes, I further certi effect as if made under oath; that Fal Statutes; and that my name appears | | | |
| SIGNATURE: | Abdo | lilah - | Zn 1 | /_ . | | 32F | 21 | 7-74.00 | |
| | SIGNATURE AND TYPED OR PRINT | ED NAME OF SIGNING OFFICER OR | DISECTOR | | | | | | |

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Affachment

| UNIFORM BUSINESS REPORT | (UBR) | | | |
|--|---|---|---|------------------|
| DOCUMENT # P98000103161 | | | | |
| Abdelilah Fahsi, Inc | | 0,00 | | |
| DO NOT WRITE IN THIS SE | PACE | | (158) | |
| 2. Principal Place of Business CF i Westgate resorts Suite, Apt. #, etc. Suite, Apt. #, etc. | roy Rel | | | |
| 2770 dd lake Wilson Rd 1032 | | | DO NOT WRITE IN THIS SPACE | |
| City & State City & State | =-F1 - | Q. | FEI Number Applied For | 7 |
| LII SIMITIEE LE ONIGOGO | 1 — | | 59 3545 268- Not Applicable |] |
| 34747 USA 32811 | Country | 5. | Certificate of Status Desired S8.75 Additional Fee Required | |
| | | (7) N | ame and Address of Current Registered Agent | \exists |
| DO NOT WOITE | Name | tholet | lah Fahsi | 7 |
| DO NOT WRITE | Street | | Box Number is Not Acceptable) | 1 |
| IN THIS SPACE | | 144 C | convoy Rd APT 1032 | 4 |
| | City | | | |
| | City C | rlanc | FL Zin Code 311 | |
| 8. The above named entity submits this statement for the purpose of changing its r | registered office o | r registered aç | gent, or both, in the State of Florida. |] |
| SIGNATURE Synature: Synatu | : Registered Agent signa | lue required when n | OS-30-02 | |
| Tax filing requirement and elects to do so. After May 1 | ay 1 Fee is \$15 1, Fee is \$550.00 UBR is \$61.25 le to Departmen |) | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | |
| 11. OFFICERS AND DIRECTORS | | 7 | | |
| NAME SI44 Conray Rd Apt 1032 | TITLE NAME | | | CR2E034B (12/01) |
| STREET ADDRESS Orlando, F1 32811 | STREET ADDRESS | | | 3 |
| CITY-ST-ZIP 32011 | CITY-ST-ZIP | | | 346 |
| ITTLE NAME | TITLE | | | R2E |
| STREET ADDRESS | NAME STREET ADDRESS | | j | ਹ |
| *CITYISTITZIP* > | -CITY-SI-ZIP | | ے کے ان پریستان انسان انایا ایسا الازم انسانیا | |
| TITLE | TITLE | - | | |
| NAME SIREELADDRESS | NAME STREET LEADERS | | | |
| CITY-ST-ZIP | STREET ADDRESS CITY - S1 - ZIP | | DO NOT WRITE | |
| THE | TITLE | | | |
| NAME | NAME | | IN THIS SPACE | į |
| STREET ADDRESS CITY-S1-ZIP | STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE | TITLE | ev- | | |
| NAME | NAME | | | |
| STREET ADDRESS | STREET ADDRESS | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | |
| TITLE NAME | TITLE | | | |
| STREET ADDRESS | NAME STREET ADDRESS | | | |
| CITY-ST-ZIP | CITY-ST-ZIP | | | |
| 13. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report a attachment with an address, with all other like empowered. | ne exemption state signature shall ha as required by Ch | ed in Section 1 ave the same to apter 607, Flor | 19.07(3)(i). Florida Statutes. I further certify that the information agal effect as if made under oath; that I am an officer or director ida Statutes: and that my name appears in Block 11 or on an | |