03/07/02 12:18 FAX 4073540470 DOWNTOWN BUS S

FILED
Mar 11, 2002 8:00 am
Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105066

1. Entity Name
HANDALAH OF GREENVILLE, INC.

Principal Place of Business | Mailing Address

400005140164--0
-03/22/02--01005--003
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
101 Highway		101 Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Greenville, FL.		City & State: Greenville, FL.	
Zip: 33310	Country: USA	Zip: 33310	Country: USA

4. FEI Number: 59-3614648 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NIMER, EYAD H.
3380 Fred George Road, #424
TALLAHASSEE, FL. 32303

7. Name and Address of New Registered Agent
Name: MOHAMMAD AYYAD
Street Address (P.O. Box Number is Not Acceptable): 101 Highway
City: Greenville FL Zip Code: 33310

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] Mohammad Ayyad 3/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☑ Delete	TITLE	President ☐ Change ☑ Addition
NAME	NIMER, EYAD H.	NAME	SAED HENI ZAED
STREET ADDRESS	3380 FRED GEORGE ROAD #424	STREET ADDRESS	4719 Williamston
CITY-ST-ZIP	TALLAHASSEE, FL. 32303	CITY-ST-ZIP	LAKE LAND, FL 32815
TITLE	☐ Delete	TITLE	Vice President ☐ Change ☑ Addition
NAME		NAME	MOHAMMAD AYYAD
STREET ADDRESS		STREET ADDRESS	101 Highway
CITY-ST-ZIP		CITY-ST-ZIP	Greenville, FL. 33310
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

33310

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.

SIGNATURE: [signature] Vice President MOHAMMAD AYYAD 3/5/02 (850) 748-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)