FROM : ALL FLORIDA INS. / R.A. SPAHN FAX NO. : 4307674

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90030 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S 40550

1. Entity Name
TREASURE CONSTRUCTION CORP.

813087

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13350 ALEXANDRIA DR		13350 ALEXANDRIA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OPA LOCKA, FLORIDA		City & State: OPA LOCKA, FLORIDA	
Zip: 33054	Country: USA	Zip: 33054	Country: usa

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0425802 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: NAZIH B CHAMOUN
Street Address (P.O. Box Number is Not Acceptable): 13350 ALEXANDRIA DRIVE
City: OPA LOCKA FL Zip Code: 33054

DO NOT WRITE IN THIS SPACE

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: Nazih B. Chamoun
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P/S/T/ & Director	TITLE	
NAME	Nazih B Chamoun	NAME	
STREET ADDRESS	13350 ALEXANDRIA DR	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FLORIDA 33054	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nazih B. Chamoun JAN, 17, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NAZIH B CHAMOUN PRESIDENT