2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # V23941** ISSA INVESTMENT, INC. 02-15-2000 90010 041 ***158.75 Mailing Address Principal Place of Business 503 FINGER LAKES PL -- FINGER LAKES PLACE SEFFNER FL 33584-4163 ----- FL 33584 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3123787 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ISSA, İBRAHIM Street Address (P.O. Box Number is Not Acceptable) **503 FINGER LAKES PLACE** SEFFNER FL 33584 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Change ☐ Delete TITLE ISSA, IBRAHIM NAME NAME STREET ADDRESS 503 FINGER LAKES PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL Addition ☐ Change ٧S ☐ Delete TITLE TITLE NAME ISSA, ITIDAL NAME STREET ADDRESS 503 FINGER LAKES PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL ☐ Addition Delete Change TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13.1 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.

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SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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9-7-00

(813) 684-0107

Daytime Phone

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