2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 05, 2001 08:00 AM DOCUMENT # V24839 1. Entity Name **Secretary of State** AMERICAN ASSOCIATION OF FLORIDA CORPORATION Principal Place of Business Mailing Address 5226 GUNN HIGHWAY 11212 ELMFIELD DR TAMPA FL TAMPA FL33624 33625 2. Principal Place of Business 3. Mailing Address 1204 NORTH FRANKLIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL TAMPA 59-3116545 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33602 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABUSAID, ELIAS 11212 ELMFIELD DR Street Address (P.O. Box Number is Not Acceptable) TAMPA FL33625 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 04/05/2001 Signature, typed or printed name of registered agent and title if applicable, (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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition CR2E034 (11/00) ☐ Change MAME NAME WOLF ELIJAH STREET ADDRESS STREET ADDRESS 11212 ELMFIELD DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA 33625 ☐ Delete TITLE DM ☐ Change X Addition NAME NAME WHITE DONNA STREET ADDRESS STREET ADDRESS 3503 NORTH 72ND STREET CITY-ST-ZIP CITY-ST-ZIP FL33619 TAMPA ☐ Delete TITLE GM☐ Change X Addition NAME COLLIER MICHEAL STREET ADDRESS STREET ADDRESS 2714 1/2/NORTH MORGAN STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL. 33602 ☐ Delete TITLE TITLE CMX Addition Change NAME MCLAIN MELODI STREET ADDRESS STREET ADDRESS 11212 ELMFIELD DR CITY-ST-ZIP CITY-ST-ZIP FLTAMPA 33625 TITLE ☐ Delete TITLE X Change ☐ Addition ABOSAID CATILYNN A NAME ABUSAID CATILYNN A STREET ADDRESS 11212 ELMFIELD DR STREET ADDRESS 11212 ELMFIELD DR CITY-ST-ZIP TAMPA \mathbf{FL} CITY-ST-ZIP TAMPA FL33625 Delete TITLE Change ☐ Addition ABOSAID ELIAS NAME ABUSAID STREET ADDRESS 11212 ELMFIELD DR STREET ADDRESS 11212 ELMFIELD DR CITY-ST-ZIP CITY-ST-ZIP TAMPA 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.

04/05/2001

Daytime Phone #

Date

Elias-E (Lou) Abusaid Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _