2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # V50221** 1. Entity Name NIP INVESTMENTS, INC. 03-20-2000 90093 025 ***150.00 Principal Place of Business Mailing Address 5049 LATROSE DRIVE 5049 LATROSE DRIVE WINDERMERE FL 34786 WINDERMERE FL 34786 C0040176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cityl & State 4. FEI Number Applied For 59-3134172 Not Applicable Zip Country Zip 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 ZUREIKAT, YAGOB Street Address (P.O. Box Number is Not Acceptable) 7957 SOUTH PARK PL ORLANDO FL 32819 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE AL-HAKIM, ARIF K NAME NAME STREET ADDRESS **5049 LATROBE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP WINDERMERE FL 34786 ☐ Change ☐ Addition TITLE TITLE ☐ Delete ZUREIKAT, YACOB S NAME NAME STREET ADDRESS STREET ADDRESS 7957 SOUTH PARK PL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

OF SIGNING OFFICER OR DIRECTOR