2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 10, 2003 8:00 am Secretary of State K18347 DOCUMENT # 1. Entity Name 03-10-2003 90140 032 ***150.00 JORGAR CORP. Principal Place of Business Mailing Address 169 E FLAGER 169 E FLAGLER 1620 **SUITE 1600 MIAMI FL 33131** MIAMI FL 33131 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0040190 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 SW 3 6 FL **MIAMI FL 33130** City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME. Delete TITLE Addition NAME LINDENFELD, JUDITH NAME 169 E. FLAGLER 1600 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP TITLE TD ☐ Delete TITLE Change ☐ Addition NAME LINDENFELD, MARTIN NAME STREET ADDRESS 169 E. FLAGLER 1600 STREET ADDRESS CITY-ST-ZIP_ MIAMI.FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LINDENFELD, DANYA NAME STREET ADDRESS 169 E. FLAGLER 1600 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ۷P TITLE Delete TITLE Change ☐ Addition LINDENFELD, ELSA NAME NAME STREET ADDRESS 169 E. FLAGLER 1600 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE assistant sec Change Addition NAME RESSLER GARY NAME 169E FLAGLER'ST 1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MiAMI Ft. 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

AEQUIADanya Lindenfeld

SIGNATURE:

FILED