FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am P00000113557 DOCUMENT # Secretary of State 1. Entity Name 05-21-2002 91228 043 ***150.00 JUMBO GREEN, INC. Mailing Address Principal Place of Business 9165 PARK DRIVE 4550 N. MICHIGAN AVENUE MIAMI SHORES FL 33138 MIAMI BEACH FL 33140 Mailing Address 2. Principal Place of Business % BERKOVITS 4425 N. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 8211 W. Bras Applied For 4. FEI Number City & State 65-1060425 Not Applicable MAMI ANTATIO \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required 73324 USA ひられ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BERKOUITS LASO + Company DEUSCHEL, HERB E C/O JOHNSON, ADORNO & MCCALL 9165 PARK DRIVE MIAMI SHORES FL 33138 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 _\$\display nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change Change Delete TITLE TITLE 4475 N. MICHIGAN ATE COURTNEY, LESLIE NAME STREET ADDRESS 4550 N. MICHIGAN AVENUE STREET ADDRESS MIAMI BEACH , R 33140 CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP Delete TITLE TITLE NAME COURTNEY, LESLIE NAME 4425 N. MICHIGAN AVE MIAMI BEACH, R. 33,40 STREET ADDRESS 4550 N. MICHIGAN AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change TITLE ☐ Delete TITLE NAME 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 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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. ESLIE COURTIE

INTED NAME OF SIGNING OFFICER OR DIRECTO