2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000092462

Entity Name: JACQUIER CORPORATION

FILED Sep 05, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9050 PINES BLVD., SUITE 450-F 627 LIVE OAK LANE PEMBROKE PINES, FL 33024 WESTON, FL 33327

Current Mailing Address: New Mailing Address:

9050 PINES BLVD., SUITE 450-F 627 LIVE OAK LANEF PEMBROKE PINES, FL 33024 WESTON, FL 33327

FEI Number: 65-1144560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, DON ESQ. HUERTAS, SAMUEL O 9050 PINES BLVD., SUITE 450-F 7901 NW 21 STRET PEMBROKE PINES, FL 33024 MIAMI, FL 33122

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: SAMUEL O. HUERTAS 09/05/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 JACQUIER, MARTINE
 Name:
 JACQUIER, MARTINE

 Address:
 9050 PINES BLVD., SUITE 450-F
 Address:
 627 LIVE OAK LANE

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:
 WESTON, FL 33327

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 JACQUIER, CHRISTINE
 Name:
 JACQUIER, CHRISTINE

 Address:
 9050 PINES BLVD., SUITE 450-F
 Address:
 627 LIVE OAK LANE

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:
 WESTON, FL 33327

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 JACQUIER, MICHELLE
 Name:
 JACQUIER, MICHELLE

 Address:
 9050 PINES BLVD., SUITE 450-F
 Address:
 627 LIVE OAK LANE

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:
 WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTINE JACQUIER PD 09/05/2002