2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State P01000098850 **DOCUMENT #** 1. Entity Name 04-24-2002 90358 024 ***158.75 J.C. REALTORS, INC. Mailing Address Principal Place of Business 3169 E ATLANTIC BLVD 3169 E ATLANTIC BLVD POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business 4822 S HEMINGWAY CIRCLE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 4.5-1152807 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired BROWAR d 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUBAS, JAVIER , Street Address (P.O. Box Number is Not Acceptable) 3169 E ATLANTIC BLVD POMPANO BEACH FL 33062 Zip Code City 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, 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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE PSTD NAME CUBAS, JAVIER NAME STREET ADDRESS 3169 E ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

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 truster 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 an other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED