FILED

04 MAY 28 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091252

1. Entity Name

JBL DESIGN, INC.

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2. Principal Place of Business	3. Mailing Address
19495 Biscayne Boulevard	19495 Biscayne Boulevard
Suite, Apt. #, etc.: 410	Suite, Apt. #, etc.: 410
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number 65-0559540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Janice Barney

Street Address (P.O. Box Number is Not Acceptable): 19495 Biscayne Boulevard Ste. 410

City: Aventura FL Zip Code: 33180

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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	DPS
NAME	Janice Lipton
STREET ADDRESS	19495 Biscayne Boulevard Ste. 410
CITY-ST-ZIP	Aventura, FL 33180
TITLE	DVP
NAME	Alan Lipton
STREET ADDRESS	19495 Biscayne Boulevard Ste. 410
CITY-ST-ZIP	Aventura, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 954-835-2233
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #