2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V22297** Jan 27, 2000 8:00 am **Secretary of State** J G MARKETING, INC. 01-27-2000 90028 013 ***150.00 Principal Place of Business Mailing Address 16823 S.W. 79 PLACE 18721 S.W. 104 AVE. MAIMI FL 33157-4750 **MIAMI FL 33157** HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0324387 Not Applicable Zip Country \$8.75 Additional 5.= Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HULCE, JERRY L. Street Address (P.O. Box Number is Not Acceptable) 16823 S.W. 79 PLACE **MIAMI FL 33157** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating d title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete Change TITLE TITLE NAME HULCE, JERRY L. NAME STREET ADDRESS 16823 S.W. 79 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33157** Change Addition ☐ Delete TITLE TITLE NAME NAME CHIPROT, DAVID STREET ADDRESS STREET ADDRESS 8508 CUTTLER COURT CITY-ST-ZIP CITY-ST-ZIP -MIAMI FL -----☐ Addition Change S Delete TITLE HILCE, ROBERTA NAME STREET ADDRESS STREET ADDRESS 16823 SW 79 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITLE TITL F 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 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JRRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: