

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90353 031 ***550.00

DOCUMENT # P01000068279		Jul 01, 2002 8:00 AM Secretary of State 07-01-2002 90353 031 ***550.	
1. Entity Name JSR INVESTMENT PROPERTIES, INC.			
Principal Place of Business 5827 CARAVAN CT ORLANDO FL 32819		Mailing Address 5827 CARAVAN CT ORLANDO FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc		Suite Apt #, etc	
City & State		City & State	
Zip		Country	
4. FEI Number 31-1788-751		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AIRAN, D.S. "DAR" 1320 S DIXIE HWY, PH-1275 CORAL GABLES FL 33146		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL To State	
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 _____			
9. This corporation is eligible to satisfy its franchise fee payment requirement and elects to do so (See criteria on back) ☒			
10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
NAME: D JAIN, SUDESH STREET ADDRESS: 5827 CARAVAN CT CITY-STATE-ZIP: ORLANDO FL 32819		NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
NAME: D GUPTA, RAKESH STREET ADDRESS: 5827 CARAVAN CT CITY-STATE-ZIP: ORLANDO FL 32819		NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
NAME: D PATEL, CHAMPAKHBHAI STREET ADDRESS: 5827 CARAVAN CT CITY-STATE-ZIP: ORLANDO FL 32819		NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
NAME: D PATEL, NIRANJAN STREET ADDRESS: 5827 CARAVAN CT CITY-STATE-ZIP: ORLANDO FL 32819		NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
NAME: D RUNYEON, DAN STREET ADDRESS: 5827 CARAVAN CT CITY-STATE-ZIP: ORLANDO FL 32819		NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
NAME: P Jain, ANSHU STREET ADDRESS: 5827 Caravan Ct. CITY-STATE-ZIP: Orlando, FL 32819		NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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. 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 this report as required by Chapter 607, Florida Statutes, and that my name appears in this report as required by Chapter 607, Florida Statutes.			
SIGNATURE: _____			