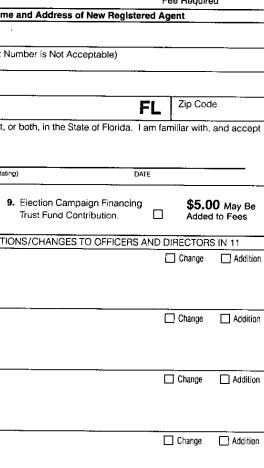
## **2003 FOR PROFIT CORPORATION** Mar 04, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** G39008 DOCUMENT # 1. Entity Name 03-04-2003 90066 011 \*\*\*150.00 JILOS, INC. Principal Place of Business Mailing Address 1428 BRICKELL AVE #105 C/O ERNEST M. HALPRYN MIAMI FL 33131 1428 BRICKELL AVE #105 MIAMI FL 33131-3409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2544605 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALPRYN, ERNEST M Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE, STE 105 **MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change NAME DE VECCHI, JOHN NAME STREET ADDRESS 1428 BRICKELL AVE, STE 105 STREET ADDRESS CITY-ST-ZIE MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME WEISBERG, ALAN JAY STREET ADDRESS 1428 BRICKELL AVE, STE 105 STREET ADDRESS CITY-ST-ZIF MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME HALPRYN, ERNEST M. NAME

**FILED** 



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 sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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HOERNER, JUDITH A

1428 BRICKELL AVE #105

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CAE REQUIREMEST M. Halpryn, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 24, <u>200</u>3

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/02)