

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005604

Entity Name: JEB 2016, INC.

**Current Principal Place of Business:**

9250 W. FLAGLER STREET STE 502  
MIAMI, FL 33174

**Current Mailing Address:**

9250 W. FLAGLER STREET STE 502  
MIAMI, FL 33174

FEI Number: 47-4178663

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, RAQUEL A  
200 SOUTH BISCAYNE BLVD STE 2600  
MIAMI, FL 33131 US

*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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUSH, JEB JR.  
Address        9250 W. FLAGLER STREET STE 502  
City-State-Zip: MIAMI FL 33174

Title            SECRETARY  
Name            RODRIGUEZ, RAQUEL  
Address        9250 W. FLAGLER STREET STE 502  
City-State-Zip: MIAMI FL 33174

Title            TREASURER  
Name            SIMON, WILLIAM  
Address        9250 W. FLAGLER STREET STE 502  
City-State-Zip: MIAMI FL 33174

Title            ASST. TREASURER  
Name            PURPURA, SALVATORE  
Address        9250 W. FLAGLER STREET STE 502  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            BUSH, JEB JR.  
Address        9250 W. FLAGLER STREET STE 502  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            RODRIGUEZ, RAQUEL  
Address        9250 W. FLAGLER STREET STE 502  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            SIMON, WILLIAM  
Address        9250 W. FLAGLER STREET STE 502  
City-State-Zip: MIAMI FL 33174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: SALVATORE PURPURA

ASSISTANT TREASURER    03/22/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date