SIGNATHURE CLUE

SIGNATURE:

| 200 | 2 UNIFORM BUS | NESS REPO | PRT (UBR) | N'L |
|--|--|---|--|---|
| DOCU | JMENT # 23834 | 9 | | - Well |
| | JC GROVES INC | | | FILED |
| Principal Pla | ace of Business | Mailing Address | | 02 OCT -7 PM 4: 52 |
| 6308 B GRAYCLIFF DR. BOCA RATON FL 33496 US | | 6308 B GRAYCLIFF DR. BOCA RATON FL 33496 US | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 2. Principal | Place of Business | 3. Mailing Address | | |
| Suite, Ap | it. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | | 4. FEI Number 59-0917327 Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| | 6. Name and Address of Current F | legistered Agent | N | 7. Name and Address of New Registered Agent |
| BEHAR, BRIAN S | | | Name | |
| | E. 191ST STREET, #800 RA FL 33180 | | Street Addres | ss (P.O. Box Number is Not Acceptable) |
| , | | | City | FL Zip Code |
| The above | e named entity submits this statement for ations of registered agent. | the purpose of changing its | registered office or regis | stered agent, or both, in the State of Florida. I am familiar with, and accep |
| IGNATURE | | | | |
| | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE | : Registered Agent signature requ | ired when reinstating) DATE |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State | | 10. Election Campaign Financing \$5.00 May Be Added to Fees |
| 1. | OFFICERS AND D | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| 'LE IME REET ADDRESS IY-ST-ZIP | P LEIFMAN,HERBERT L 6308 B GRAYCLIFF DR. BOCA RATON FL 33496 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400008598644 10/25/0201098011 **150.00 |
| LE Me Reet address Y-ST-ZIP | S LEIFMAN,LORRAINE 6308 B GRAYCLIFF DR. BOCA RATON FL 33496 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| LE ME BEET ADDRESS Y-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| .E Me Eet address (-St-Zip | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| E Me Eet address '-st-zip | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chale Addition |
| .e Me Eet address = (-st-zip | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| of the corr | sertify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with | ared to execute this report of | he exemption stated in S signature shall have the s required by Chapter 60 | section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 11 or Block 12 if |

10/2/02

Herbert L. Leifman

Wednesday Oct. 2, 2002

michelle milligan Dear Ms Milligan, Thank you for the courteous his helpful manner you displayed when I spoke to Enclosed, according to your instruction, is my check in the amount of 150. to pay your this A.M. for the filing of the 2002 U.B.R. for Republic Groves, Inc. Due to a major muxuy with the mail, I just received document 238349 for Republic FE, number 59-0917327 00 10/02/02 Thanks again for your help in my getting this to you, which I am sending Gad-Er (next A.M delivery) to your extress P.o Box 6327, Tallahassee Herbert L'Zeifma, Pres 561-995-5039 Republic Groves, Inc 6308 B Grayeliff Dr. Bosa Rafon, H 33496