2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 31, 2003 8:00 am **Secretary of State** 651251 DOCUMENT # 03-31-2003 90920 010 ***150.00 1. Entity Name JAMAREL ENTERPRISES, INC. Principal Place of Business Mailing Address 444 SW 8 AVE 7720 S.W. 78TH STREET MIAMI FL 33130 MIAMI FL 33143 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1966841 Not Applicable Zip 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 BARBEITO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 7720 SW 78TH STREET MIAMI FL 33143 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 \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change → ☐ Addition □ Delete BARBEITO, ANTONIO NAME NAME STREET ADDRESS 7720 SW 78TH STREET STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE. TITLE Addition Barbeito, antonio NAME NAME 7720 SW 78TH STREET STREET ADDRESS STREET ADDRESS GITY-ST-ZIP MIAMI-FL-33143 CITY: ST-715 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Barbeito, maria e. NAME NAME 7720 SW 78TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE Barbeito-Lovett, maria t. NAME NAME 7720 SW 78TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T‡TLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 10 or Block 11 if

changed, or on an attachment with an address,

FILED