

2000 UNIFORM

AMENDED

DOCUMENT # 705628

1. Entity Name

John PAUL Corporation

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 20 PM 1:42

Principal Place of Business

Mailing Address

12100 W. Dixie Hwy  
N. MIAMI, FL 33161

12100 W. Dixie Hwy  
N. MIAMI, FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0998614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael McDearmaid  
840 NE 127 ST.  
N. MIAMI, FL 33161

Name

STEVE KRULIN ESQ.

Street Address (P.O. Box Number is Not Acceptable)

12805 HICKORY ROAD

City

NORTH MIAMI

FL

Zip Code

33161

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

Stephen E. Krulin, STEPHEN E. KRULIN Esq. 6/15/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT  
NAME: MICHAEL McDEARMID  
STREET ADDRESS: 840 N.E. 127 STREET  
CITY-ST-ZIP: MIAMI, FL-33161

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: 800004499638-9  
CITY-ST-ZIP: -07/26/01--01018--029  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: VICE PRESIDENT  
NAME: STEVE KRULIN  
STREET ADDRESS: 12805 HICKORY ROAD  
CITY-ST-ZIP: MIAMI, FL-33181

TITLE: SEC / DIRECTOR  
NAME: ERIC WELDON  
STREET ADDRESS: 224 ATLANTIC ISLE  
CITY-ST-ZIP: MIAMI, FL-

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: TREASURER / DIRECTOR  
NAME: TOM ROMANIK  
STREET ADDRESS: 195 N.W. 103rd St.  
CITY-ST-ZIP: MIAMI SHORES, FL-33150

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

TITLE: DIRECTOR  
NAME: KEVIN SELFRIED  
STREET ADDRESS: 12665 N.W. 8th AVE  
CITY-ST-ZIP: MIAMI, FL-33168

TITLE: DIRECTOR  
NAME: SAM SANFILIPPO  
STREET ADDRESS: 1015 N.E. 121st St.  
CITY-ST-ZIP: MIAMI, FL-33161

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

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 trustee, empowered to execute this report as required by Chapter 617, 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.

SIGNATURE:

Michael McDearmaid

4/19/01

10/18/00 305-893-0566

CR2E037 (9/99)