FILED

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

Apr 07, 2003 8:00 am Secretary of State F01000005003 DOCUMENT # 04-07-2003 90139 035 ***158.75 1. Entity Name JDS MORTGAGE BROKERS INC. Principal Place of Business Mailing Address 520 MAIN STREET 520 MAIN STREET SUITE 302 SUITE 302 FT. LEE NJ 07024 FT. LEE NJ 07024 Principal Place of Business 5499 W. Feldar Mailing Address N. tersa rederal N. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 22-3757135 ጎልተወሳ Not Applicable Country \$8.75 Additional Palm heach 5. Certificate of Status Desired ram Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANNARINO, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 19801 HAMPTON DRIVE, SUITE 1 **BOCA RATON FL 33434** 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 DATE (NOTE: Registered Agent signature required when reinstating) 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. CR2E034 (10/02) PSCD ☐ Addition TITLE TITLE ☐ Delete PUPO, DOMENICK NAME NAME Domenick 550 NORTH AVE., APT. F STREET ADDRESS STREET ADDRESS Lagg FT. LEE NJ 07024 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE PAPASTAVROU, STAVROS NAME NAME 289 MT. HOPE AVE. STREET ADDRESS STREET ADDRESS DOVER NJ 07801 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change TITLE 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

TONE MEQUIMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: