FILED
Jun 13, 2002 8:00 am
Secretary of State
05-21-2002 91164 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005777

1. Entity Name: JMB Holdings Inc

DO NOT WRITE IN THIS SPACE

[redacted]

35355
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21205 Yacht Club Dr.	21205 Yacht Club Dr.
Suite, Apt. #, etc. # 2910	Suite, Apt. #, etc. #2910
City & State: Aventura	City & State: Aventura
Zip: FL — Country: 33180	Zip: FL — Country: 33180

4. FEI Number: 22 3758602 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Barry Beschel
Street Address (P.O. Box Number is Not Acceptable): 21205 Yacht Club Dr #2910
City: Aventura FL Zip Code: 33180

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: Barry Beschel Pres. Barry Beschel — DATE: 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Barry Beschel	NAME	
STREET ADDRESS	21205 Yacht Club Dr #2910	STREET ADDRESS	
CITY-ST-ZIP	Aventura FL 33180	CITY-ST-ZIP	
TITLE	V. P.	TITLE	
NAME	Munish K Remetra	NAME	
STREET ADDRESS	69 Mall Drive	STREET ADDRESS	
CITY-ST-ZIP	Commack, NY 11725	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Beschel Pres. Barry Beschel — Date: 4/30/02 — Daytime Phone #: 305-682-9383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR