2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 07, 2000 8:00 am Secretary of State **DOCUMENT # G80573** 1. Entity Name 05-07-2000 90018 029 ***150.00 J.L.N. MANAGEMENT CORP. Mailing Address Principal Place of Business 11400 SW 3RD STREET 11400 SW 3RD STREET 841151 PLANTATION FL 33325-2906 PLANTATION FL 33325 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-2350553 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNBLIT, JOE Street Address (P.O. Box Number is Not Acceptable) 11400 SW 3RD STREET PLANTATION FL 33325 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DP ☐ Delete TITLE CORNBLIT, JOE -NAME NAME STREET ADDRESS 11400 SW 3RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL DVP Change ☐ Addition ☐ Delete TITLE TITLE CORNBLIT, LINDA NAME NAME STREET ADDRESS 11400 SW 3RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

4-18-2000 954-370-6282

FILED