2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H09891 Mar 14, 2000 8:00 am **Secretary of State** JRSR ENTERPRISES, INC. 03-14-2000 90079 044 ***150.00 Principal Place of Business Mailing Address % NINE WEST SHOES OF DADELAND % S. RÚBACK 7553 SW 88TH ST 4801 N. 36TH COURT HOLLYWOOD FL 33019-5030 MIAMI FL 33156 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2428891 Not Applicable Country \$8.75 Additional .03 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBACK, SANFORD B. Street Address (P.O. Box Number is Not Acceptable) 4801 N. 36 CT. HOLLYWOOD FL 33021 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) Addition DPS TITLE TITLE Delete 1230 HARBOR CT. HOLLYWOOD FL 33019 RUBACK, SANFORD B. NAME NAME STREET ADDRESS STREET ADDRESS 4801 N. 36TH COURT CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Delete TITLE NAME RUBACK, JUDITH A. NAME STREET ADDRESS STREET ADDRESS 4801 N. 36TH COURT CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Addition TITLE □ Delete TITLE NAME RUBACK, MICHAEL, L STREET ADDRESS STREET ADDRESS 3940 NEWPORT AVE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33462** ☐ Change ☐ Addition ☐ Delete TITI F ۷D TITLE NAME RUBACK, JEFFREY A NAME STREET ADDRESS STREET ADDRESS 4762 MOUNTAIN BREEZE CT., SO CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 thustee 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC