2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # H29543 May 06, 2000 8:00 am 1. Entity Name zBJD Engergy, Development Company Secretary of State 05-06-2000 90350 001 ***600.00 Mailing Address Immeipal Place of Business 2950aN.WRa24th Street N.W. 24th Street Miami, FL 33142-4080 Miami, FL 33142-4080 12708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. 559 N 27467637 City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jordan, Barry,B. Street Address (P.O. Box Number is Not Acceptable) 2950 N.W. 24th Street Miami, FL 33142 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 SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 12. 11. CR2E034 (9/99 ☐ Addition P TITLE ☐ Delete Jordan, Barry, B. NAME NAME Jordan, Barry, B. 7000 S.W. 70th Avenue STREET ADDRESS STREET ADDRESS 2950 N.W. 24th Street Miami, FL 33143 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33142 ☐ Change ☐ Addition ☐ Delete NAME Kathryn Jordan NAME 2950 N.W. 24th-Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. Miami. FL 33143-Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITHE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME 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 the like empowered.

OF SIGNING OFFICER OR DIRECTOR