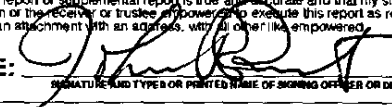


2003 AMENDED UBR
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J80495					
1. Entry Name J.R. PARENT, INC.					
Principal Place of Business % JOHN PARENT 4484 NE 6 TER FT LAUDERDALE, FL 33334			Mailing Address % JOHN PARENT 4484 NE 6 TER FT LAUDERDALE, FL 33334		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0003169	
				Applied For Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARENT, JOHN 4484 NE 6 TER FT LAUDERDALE, FL 33334				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 in printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when appointing) DATE _____					
FILE FEE: \$180.00 After May 1, 2003 Fee will be \$580.00 Amended UBR is \$45.00 Check Payment to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARENT, JOHN 4484 NE 6 TER FT LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASTROENI, VERONICA 7960 N.W. 8TH COURT MARGATE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard Smothers 1901 N.W. 38 Terrace Coconut Creek, FL 33066 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024776903 11/25/03--01034--013 **70.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 trustee, partner, or sole proprietor; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer or partner.					
SIGNATURE: 			11/24/03 954 771 3370		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CPREC04 (11/02)