FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 037 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42345

1. Entity Name
THE UNIDENTICAL JAZZ TWINS INC.

Principal Place of Business	Mailing Address
4000 TOWERSIDE TERRACE 405 NORTH MIAMI, FL 33138 US	4000 TOWERSIDE TERRACE 405 NORTH MIAMI, FL 33138 US

2. Principal Place of Business	3. Mailing Address
7411 MIAMI LAKES DRIVE	7411 MIAMI LAKES DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES FL	City & State: MIAMI LAKES FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0084533 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALSH, FENTON
4000 TOWERSIDE TERRACE
SUITE 405
NORTH MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name: JOHN T. CULLEN, CPA
Street Address (P.O. Box Number is Not Acceptable): 7411 MIAMI LAKES DR.
City: MIAMI LAKES FL Zip Code: 33014

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] DATE: 6/5/03

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	WALSH, FENTON	4000 TOWERSIDE TREEACE	NORTH MIAMI, FL	☐
VD	PARKER, DIANE	4000 TOWERSIDE TERRACE	NORTH MIAMI, FL	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		17021 NE 6 AVE	NORTH MIAMI BEACH FL 33162	☑	☐
		17021 NE 6 AVE	NORTH MIAMI BEACH FL 33162	☑	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] FENTON M. WALSH JUNE 5, 2003 305/438-1494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #