NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2005 8:00 am
Secretary of State
04-18-2005 90579 047 ****61.25
05-19-2005 90045 042 ****88.75

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DOCUMENT # K46498

1. Entity Name
JMH PROPERTY INVESTMENT

DO NOT WRITE IN THIS SPACE

4UU040UJ

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6340 NW 200 STREET	6340 NW 200th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33015 Country: DADE	Zip: 33015 Country: DADE

4. FEI Number: 65-0320996 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: FLORENCE FLANDERS

Street Address (P.O. Box Number is Not Acceptable): 6340 NW 200th STREET

City: MIAMI FL Zip Code: 33015

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: Florence Flanders (Signature, typed or printed name of registered agent and title if applicable.) Florence Flanders (NOTE: Registered Agent signature required when reinstating) DATE: 4/12/05

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: FLORENCE FLANDERS STREET ADDRESS: 6340 N.W. 200th STREET CITY-ST-ZIP: MIAMI FL 33015	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary / Treasurer NAME: FLORENCE FLANDERS STREET ADDRESS: 6340 NW200th STREET CITY-ST-ZIP: MIAMI, FL 33015	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E037B (12/02)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Florence Flanders Florence Flanders 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #