R2E034 (10/02)

FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Jan 16, 2003 8:00 am Secretary of State K53425 DOCUMENT # 1. Entity Name 01-16-2003 90121 017 \*\*\*150.00 J.J.G. PROPERTY, INC. Principal Place of Business Mailing Address 7281 N.W. 8TH ST. 7281-N.W. 8TH 6T-**46650006** MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 8100 5 W 60th AUE Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0096178 MIAM Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, JULIAN, JR. Street Address (P.O. Box Number is Not Acceptable) 7281 N.W. OTH STREET **MIAMI FL 33126** 8100 Ju 60 th 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or print FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition FERNANDEZ, JULIAN JR. NAME NAME 6950 PRADO BLVD. STREET ADDRESS 8100 J.W GOTH AND STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 MIAM, F1.33/43 CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE ☐ Addition LAGE, JUSTINA NAME NAME STREET ADDRESS 5746 S.W. 4TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ST Delete TITLE NAME ESPALLARGAS, GLADYS NAME 23, CD /1, NT AVE 1AM. BEACH, F1.3314 STREET ADDRESS 3120 S.W. 78TH COURT STREET ADDRESS CITY~ST-7IP MIAMITE CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: