2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2000 8:00 am **DOCUMENT # K60909** 1. Entity Name **Secretary of State** THREE J'S OF MIAMI, INC. 01-22-2000 90021 036 ***150.00 Principal Place of Business Mailing Address 2655 N.E. 186TH TERR. 2655 N.E. 186TH TERR. N. MIAMI BEACH FL 33180-2624 N. MIAMI BEACH FL 33180-2624 C-0006665 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0100045 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENBERG, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 6201 S W 70 STREET, SUITE 205 SOUTH MIAMI FL 33143 Zip Code FL 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 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 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. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE SALERA, JOHN NAME NAME STREET ADDRESS 16461 N.E. 34TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL DVP ☐ Delete TITLE Change ☐ Addition TITLE MORMILE, JOHN NAME NAME **16445 NE 32ND AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 fevort 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 addr ritionall other like empowered.

Date

Daytime Phone #

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

SIGNATURE A