2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURI

SIGNATURE AND TYPED OR PREDED

FILED **DOCUMENT # K94245** Jun 20, 2000 8:00 am 1. Entity Name **Secretary of State** J.C. GROUP, INC. OF FLORIDA 06-20-2000 90013 034 ***550.00 Mailing Address Principal Place of Business 7860 N.W. 58TH ST 7860 N.W. 58TH ST SUITE 40 SUITE 40 MIAMI FL 33166-3504 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0173405 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6. Name and Address of Current Registered Agent AJAMI, RAFFOUL Street Address (P.O. Box Number is Not Acceptable) 7860 NW 58TH STREET **MIAMI FL 33166** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. 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. CF2 E004 (FM 19) PDS ☐ Change TITLE ☐ Delete TITI F AJAMI, RAFFOUL NAME NAME STREET ADDRESS STREET ADDRESS 7860 N.W. 58TH ST CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33166** ☐ Addition Change ☐ Delete TITLE TITLE CHAKKAL, JOSEPH E. NAME NAME STREET ADDRESS 7860 N.W. 58TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Change ~ ☐ 'Addition' ☐ Delete TÌTLÈ DILE NAMÉ STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 en cowered to execute this report as required by Charger 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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