2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # L29988** 1. Entity Name JAMES PLACE DEVELOPMENT, INC. 02-01-2000 90130 012 ***150.00 Principal Place of Business Mailing Address 12717 WEST SUNRISE BLVD. 12717 WEST SUNRISE BLVD. PMB 211 PMB 211 DUDLOS SUNRISE FL 33323 SUNRISE FL 33323-0902 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5-638 5-638 4. FEI Number Applied For City & State 65-0161554 BEACH, Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 33139 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1500 13AY ROAD, # S-638 **BROWN, JOSEPH** 12717 WEST SUNRISE BLVD. #211 SUNRISE FL 33323 MIAHI BEACH 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 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. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **Addition** ☐ Change TITLE TITLE **X** Delete BROWN, J.K. BROWN, J.K. NAME 1500 BAX ROAD, # 5-638 12717 WEST SUNRISE BLVD#211 STREET ADDRESS STREET ADDRESS MIANI BEACH, FL. 33/39 CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition ☐ Delete TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if