FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2003 8:00 am Secretary of State L49103 DOCUMENT # 04-03-2003 90127 025 \*\*\*150.00 1. Entity Name J & D ENTERPRISES INTERNATIONAL INC. Principal Place of Business Mailing Address 3200 N.E. 5TH AVE. 3200 N.E. 5TH AVE. FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0172435 Not Applicable Ζiρ Zip Country Country \$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 CHENAULT, JEAN Street Address (P.O. Box Number is Not Acceptable) 2201 INTERNATIONAL DRIVE FT LAUDERDALE FL 33305 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition CHENAULT, JEAN NAME NAME 6020 NW 62ND CT STREET ADDRESS STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CHENAULT, DONALD UR NAME NAME TAX SW 34TH LANE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY - ST - ZIP CITY\_ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS SPRINGS, FL. 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP