

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90163 029 ***150.00

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

DOCUMENT # L80475

1. Entity Name
 JUN/NC, INC.



Principal Place of Business
 5750 RIVIERA DRIVE
 SUITE 500
 CORAL GABLES FL 33146
 US

Mailing Address
 5750 RIVIERA DRIVE
 SUITE 500
 CORAL GABLES FL 33146
 US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0202192**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

NAGEL, CLIFFORD J JR.
 5750 RIVIERA DRIVE
~~5750 RIVIERA DRIVE~~
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)

City

FL 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **NAGEL, CLIFFORD J JR.** Delete
 STREET ADDRESS **5750 RIVIERA DRIVE**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **NAGEL, BRENT C** Delete
 STREET ADDRESS **1397 SE 10TH AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **NAGEL, CRAIG J** Delete
 STREET ADDRESS **1397 SE 10TH AVENUE**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Clifford J Nagel Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 (305) 887-9771

CP22234 (10/02)