2001 UNIFORM BUSINESS REPORT (UBR)

000837 AF

DOCUMENT # L99000007091

1. Entity Name
JRCP USA L.L.C.

FILED
01 APR 19 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5201 BLUE LAGOON DRIVE. SUITE 100 MIAMI FL 33126-2065	5201 BLUE LAGOON DRIVE. SUITE 100 MIAMI FL 33126-2065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1110 Brickell Avenue	1110 BRICKELL AVENUE
Suite, Apt. #, etc. Suite 430	Suite, Apt. #, etc. SUITE 430
City & State Miami, FL	City & State MIAMI, FL
Zip / Country 33131	Zip / Country 33131 U.S.A.

4. FEI Number 65-0959122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKOLA, THOMAS J ESQ. BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL 33126-2065	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.

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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HARTMANN, JACOB R 5201 BLUE LAGOON DR., STE. 100 MIAMI FL 33126-2065 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1110 BRICKELL AVENUE, SUITE 430 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Tech. Dir Dinamerico Schwingel 1110 Brickell Avenue, Suite 430 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Sec. Thomas J. Skola, Esq. 5201 Blue Lagoon Drive, Suite 100 Miami, FL 33126-2065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004083303--0 -04/27/01--01024--009 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Sign Here

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #