2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jun 09, 2003 8:00 am **Secretary of State** 05-02-2003 90100 039 ****61.25 DOCUMENT # N0200007661 J.U.G.S. INTERNATIONAL MIAMI CHAPTER, INC. Principal Place of Business Mailing Address 55047862 1830 N.W. 188 TERRACE 1830 N.W. 188 TERRACE MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For <u>45-0489234</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent BELCHER, BERNICE O Street Address (P.O. Box Number is Not Acceptable) 1830 N.W. 188 TERRACE MIAMI FL 33058 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Fiorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Dorothy Wilder, Treasurer D T Change Miami, FL 42nd Street D X Delete TITLE TITLE MITCHELL, LILLIE NAME NAME 17210 NW 14TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -| MIAM) FL 33169 CITY-ST-ZIP Financial Secretary Change XX Delete TITLE TITLE HOWARD, GWEN DR NAME MAME Mamie Johnston 20105 N.E. 10TH PLACE STREET ADDRESS STREET ADDRESS Aliani, VL 193056 Terra Officer MIAMI FL 33179 CITY-ST-7IP CITY-ST-ZIP -- Detets --TITLE Secretary D Addition. TITLE JONES, KATHY NAME NAME Marty Pinkston 350 N.W. 158 AVE STREET ADDRESS STREET ADDRESS 620 S Lake Dasha 07 Planation, FL 33324 PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

345-347-4622