2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2002 8:00 am Secretary of State **DOCUMENT # N45117** 1. Entity Name 05-12-2002 90562 043 ****61.25 J.F.M. FOUNDATION, INC. Principal Place of Business Mailing Address 3855 COCO GROVE AVE 3855 COCO GROVE AVE MIAMI FL"33133-6119 MIAMI-FL 33133-6119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0286142 Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) JOHN F. MCMATH 3855 COCO GROVE AVE. MIAMI FL 33133 City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition (9/01 MCMATH, JOHN F. NAME STREET ADDRESS 3855 COCOGROVE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 TITLE ☐ Delete TITLE Change ☐ Addition SKINNER, JEAN M. NAME NAME STREET ADORESS 3000 JEFFERSON ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MCMATH, ROBERT L NAME NAME STREET ADDRESS 2777 SW 24 AVE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachmen with an address, with all other like empowered.

FILED