2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am Secretary of State DOCUMENT # P00000004594 1. Entity Name J. & G. INTERNATIONAL MARKETING, INC. 04-26-2002 90010 029 ***150.00 Principal Place of Business Mailing Address 1015 DYSON DR. 1015 DYSON DR. WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address 1015 Dyson Drive 1015 Dyson Drive Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3656413 Winter springs, Florida Winter Springs ,Florida Not Applicable Country Zip 32708 Country \$8.75 Additional 5. Certificate of Status Desired 32708 Seminole Seminole 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIEVES, ANA R Street Address (P.O. Box Number is Not Acceptable) 1218 LA MESA AVE. WINTER SPRINGS FL 32708 Zip Code المناهجين والمراجع 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing._ \$5.00 May Be -Tax filing requirement and elects to do so-After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **▼** Change ☐ Addition Jose Gomez NAME JOSEPH, COMERY NAME 1015 Dyson Drive STREET ADDRESS STREET ADDRESS 1015 DYCON DR Winter Springs, Florida 32708 WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 计设计器 300 克克·克斯 NAME STREET ADDRESS hud yas STREET ADDRESS CITY, ST. ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP TITLES A CONTRACT TIT1 F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 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 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 is indicated on this report or 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 is indicated on this report or 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 is indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the section 119.07(3)(ii) is indicated on the section 119.07(3)(iii) in this report or supplied with this filling does not qualify the section 119.07(3)(iii) in this report of the section 119.07(3)(iii) in this rep

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED