2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2002 8:00 am & Secretary of State **FILED** P00000006515 DOCUMENT # 1. Entity Name J & M GROUP SERVICES, INC. 03-06-2002 90062 042 ***150.00 Principal Place of Business Mailing Address 14032 SW 38TH TERRACE 14032 SW 38TH TERRACE **BUU377U**3 **MIAMI FL 33175** MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0988344 Not Applicable Zip Country Country Zip \$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 MIRO, MAGALY Street Address (P.O. Box Number is Not Acceptable) 14032 SW 38TH TERR **MIAMI FL 33175** Zip Code 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. 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 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE PD TITLE ☐ Change Addition ☐ Delete NAME MIRO, JOSE L NAME 14032 SW 38TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** VP/D Sales Addition ☐ Delete TITLE **XX**Change TITLE SD NAME NAME GARCIA, JORGE STREET ADDRESS 14032 S.W. 38TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Change ★ Addition Delete TITLE TITLE S/T/D NAME NAME Magaly Miro STREET ADDRESS STREET ADDRESS 14032 S.W. 38th Terr. Miami, FL 33175 CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition TITLE TITLE ☐ Delete VP/D Operations NAME NAME Armando Puente STREET ADDRESS STREET ADDRESS 14032 S.W. Miami, FL 38th Terr. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 teceiver or trustee empowered to execute this report as required by Chapter 677, 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.

MAGA /y MIRO

305-672-9003