2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM DOCUMENT # P0000008703 1. Entity Name **Secretary of State** LAW OFFICES OF FRANK E. JASMAN, P.A. Principal Place of Business Mailing Address 3191 CORAL WAY, STE, 635 3191 CORAL WAY, STE, 635 MIAMI FL MIAMI FL33145 33145 2. Principal Place of Business 3. Mailing Address 3191 CORAL WAY, STE. 633 3191 CORAL WAY, STE. 633 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI 65-0996457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33145 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JASMAN FRANCIS(FRANK)E JASMAN FRANCIS(FRANK)E 3191 CORAL WAY, STE. 635 Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY, STE. 633 MIAMI FL33145 City Zip Code MIAMI 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. 04/26/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (11/00) X Change ☐ Addition FRANCIS(FRANK)E MAME JASMAN NAME JASMAN FRANCIS(FRANK)E STREET ADDRESS 3191 CORAL WAY, STE. 635 STREET ADDRESS 3191 CORAL WAY, STE. 633 CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. Francis (Frank) E. Jasman SIGNATURE: _ 04/26/2001

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR