## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000018715 JAG ENTERPRISES GROUP, INC. 04-27-2001 90281 019 \*\*\*150.00 Principal Place of Business Mailing Address 240 GALEN DRIVE 240 GALEN DRIVE SUITE 109 SUITE 109 MIAMI FL 33149 MIAMI FL 33149 2. Principal Place of Business 3. Mailing Address 13000 D13 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip \$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 GUERRA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 240 GALEN DRIVE SUITE 109 **MIAMI FL 33149** City Zip Code 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) **PSTD** ☐ Charge Addition TITLE Delete TITLE **GUERRA. OSCAR** NAME NAME STREET ADDRESS 240 GALEN DRIVE SUITE 109 STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP MIAMI FL 33149 ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP Change Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Addition | Change Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY - ST - ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME. NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change Addition ☐ Delete 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), Fiorida 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 of flustee empowhered 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 a natachment with all other like empowered.

29 875 N. ATATISTOS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

305 549-7333

Daytime Phone #