

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90822 050 ***150.00

DOCUMENT # P00000021608

1. Entity Name

JUSTIN INTERNATIONAL GROUP, INC.

Principal Place of Business

1747 VAN BUREN STREET, #950
 HOLLYWOOD FL 33020

Mailing Address

1747 VAN BUREN STREET, #950
 HOLLYWOOD FL 33020

2. Principal Place of Business

3111 N. Andrews Ave
 Suite, Apt. #, etc.

3. Mailing Address

3111 N. Andrews Ave
 Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-1000868

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 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)

City

FL

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME PENELTON, CARESS
 STREET ADDRESS 1747 VAN BUREN STREET, #950
 CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☒ Change ☐ Addition
 NAME 3111 N. ANDREWS AVE UNIT 3
 STREET ADDRESS Ft. LAUDERDALE, FL 33309
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Caress Penelton CARESS PENELTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 563-1991

CR2E034 (10/00)