FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUL 11 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040713

1. Entity Name

J. Ruskin Holdings Inc.

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
5383 NOB Hill Rd Suite, Apt. #, etc.	5383 NOB Hill Rd Suite, Apt. #, etc.	65-1014278 Applied For Not Applicable
City & State: Sunrise FL	City & State: Sunrise FL	
Zip: 33351 Country:	Zip: 33351 Country:	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joshua Ruskin

Street Address (P.O. Box Number is Not Acceptable): 5383 NOB Hill Rd

City: Sunrise FL 33351

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, Type or Printed Name of Registered Agent and Title if applicable. (Florida Registered Agent Signature Required When Filing Online)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Joshua Ruskin 1020 Bucha Island Ft Laud. FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	800021201138 06/30/03--01103--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800021201138 06/01/03--01006--030 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E035(8-12-02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 6/30/03 954 746 4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RA as per Joshua Ruskin 7/11/03 MA