FILED Apr 28, 2003 8:00 am Secretary of State

2003	FOR	PROFIT	CORPORA	Tion [©]
UNIFO	RM B	USINES	S REPORT	(UBR)

DOCUMENT # P0000059813 1. Entity Name J. OAKS CORPORATION					04-07-	-2003 9014	1 028 ***	*158.75		
1036 S. MIAMI AVE. 21				Mailing Address 2121 PONCE DE LEON BLVD SUITE #240 CORAL GABLES FL 33134					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business		3. Mailing Address			- 1 103171081 UN DATUL ORTUR BEATT	TOJII 0811 80101 0	HAR ISIDA ABIDA	(1 61) 111 118 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HER	IE IF MAKING	CHANGES	•		
City & State		City & State			4. FEI Number 65-103233	14		plied For Applicable	-	
Zip	Country -		Zip		try	5. Certificate of Status Desired	י נו י	\$8.75 Add Fee Require		-
	6. Name ar	d Address of Current F	Registered Agent			7. Name and Address of New	/ Registered A	igent	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,] `
					Name Peve	o-Vacepini				-
PRATS, G	-	•				P.O. Box Number is Not Accepta	ble)	- × l	4021	1
		BLVD SUITE #240	•	,	13100	5.w. 92 AVE	SUITE	<u>C</u> #	104.	-
CORAL G	ables fl 331	134			mia-	FL				
			/		City		FL	Zin Cod	15/	7
D. The shave			the number of changing it	rogietor	ed office or register	ed agent, or both, in the State of		<u>ープラゴ</u> amiliar with.	and accept	1
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signature .	Signature, typed or p	minted name of registered agent a	nd little if applicable. (NO	TE: Registers	d Agent signature required	when reinstating)	DATE			}
		FEE IS \$150.00 Fee will be \$550.00				Election Campaign Trust Fund Contribu		\$5.0	O May Be	
		loride Department of	State			Irust Furio Continou	IOIT.	, A0060	I IO Fees	
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO C	FFICERS AND]
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.										
CICHAT		SICVATION	ire requi	?ŒD	111					
SIGNAT	UHE:	(79 (3))	RINTED NAME OF SIGNING OFFICE		TOR (Dale	De	ytime Phone #		