FILED Jul 09, 2002 8:00 am **Secrétary of State**

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DOCUMENT # P00000066257 1. Entity Name 07-09-2002 90020 024 ***150.00 J & F ENTERPRISES & ASSOCIATES, INC. Principal Place of Business Mailing Address 9736 NW 65TH STREET 9736 NW 65TH STREET TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address 4500 N. Hiatus Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite</u> City & State City & State 4. FEI Number Applied For 65-1021042 unris Not Applicable Country Zip Country \$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 SECALIC, JON Street Address (P.O. Box Number is Not Acceptable) 9736 NW 65TH STREET TAMARAC FL 33321 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature ped 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 \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Delete Addition Fabien Secalic 9736 NW 65th Street SECALIC, JON NAME NAME 9736 NW 65TH STREET STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 Tamarac FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition SECALIC, JON NAME STREET ADDRESS 8890 NW 78TH COURT #343 STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 otherake empowered

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J&F Enterprises & Associates, Inc. / / 9775

Your Diamond Blade Source 4500 N. Hiatus Road, Suite 201 Sunrise, Florida 33351 Phone (954) 724-3200 * Fax (954) 720-7717 Toll Free (888) 725-3633

July 2, 2002

Florida Department of State Division of Corporations Uniform Business Report Filings P.O.Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

We received our first notice from the Division of Corporation today, July 2, 2002. We ask that you please waive the \$400 penalty for late filing, as we never received the prior notice.

Attached please find a check in the amount of \$150. Please contact me if you have any questions. Thank you for your assistance in this matter

Sincerely,

Jøn R. Secalic

President

J & F Enterprises & Associates, Inc.