2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P0000068252 JELLEL LIMITED, INC. 04-11-2001 90089 037 ***150.00 Mailing Address Principal Place of Business 2000 EAST OAKLAND PARK BOULEVARD 2000 EAST OAKLAND PARK BOULEVARD SUITE #106 SUITE #106 FORT LAUDERDALE FL 33006 FORT LAUDERDALE FL 33006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zip Code FIL 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 Fiorida Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 1: 11. v) Change ☐ Delete TITLE TITLE LURIE, TONY NAME NAME MAAC FINER 2000 BUST OAKLOND DWO. #106 2000 EAST OAKLAND PARK BOULEVARD #106 STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-\$1-ZIP FORT LAUDERDALE FL 33006 FORT LAUDERONIE, Addition SVD TITLE , Delete TITLE TUSSING, NICK NAME NAME STREET ADDRESS STREET ADDRESS 2000 EAST OAKLAND PARK BOULEVARD #106 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33006 Adoltion THE ☐ Delete TITLE ☐ Chacne LICHTENFELD, MICHAEL K SR. NAME NAME STREET ADDRESS STREET ADDRESS 2000 EAST OAKLAND PARK BOULEVARD #106 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33006 Change Addition TITLE ☐ Delate TITLE NAME NAME STREET ADDRESS STREET ADDRESS OTTY - ST- ZIP CITY-ST-ZIP ☐ Adoition Chance Chance ☐ Delete TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS C:TY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE: 1914 Sally De MICHAUS (1944) 1915 Date Date Dayline Phone #

RZE034 (10/00)