## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State DOCUMENT# P0000068383 1. Entity Name J R V INVESTMENTS GROUP, INC. 05-14-2002 90014 043 \*\*\*150.00 Principal Place of Business Mailing Address 15579 MIAMI LAKEWWAY NORTH 15579 MIAMI LAKEWWAY NORTH #202 #202 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address 7964 NW 163 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For UI/Na) 65-1026234 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent-7...Name and Address of New Registered Agent Varela, Julio Street Address (P.O. Box Number is Not Acceptable) 15579 MIAMI LAKEWWAY NORTH #202 4 NW 163 TERLACE MIAMI LAKES FL 33014 8. The above named entity submits ent to the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE \_ 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 \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ander is 1987 PDSSEMEN GEORGE DE ☐ Delete TITLE CR2E034 (9/01) NAME VARELA, JULIO NAME 15579 MIAMI LAKEWAY NORTH #202 STREET ADDRESS 7964 NW 163 TEXEACE STREET ADDRESS CITY-ST-7IP MIAMI LAKES FL 33014 CITY-ST-ZIP 41MM1 PL 33016 TITLE ☐ Delete Change ☐ Addition NAME RODRIGUEZ, ROLANDO J NAME STREET ADDRESS 15579 MIAMI LAKEWAY NORTH #202 STREET ADDRESS 64 NW 163 TELLAGE CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP Delete TITLE \* - - - Change - - Addition RODRIGUEZ, ROLANDO NAME 7964 NW 163 TELLAGS STREET ADDRESS 15579 MIAMI LAKEWAY NORTH #202 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-7IP THILE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR