2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wi

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000070220 1. Entity Name J. & L. FRIENDS CORP. 04-26-2001 90270 034 ***150.00 Principal Place of Business Mailing Address 1111 LINCOLN ROAD STE-800- #F400 1111 LINCOLN ROAD STE 800 井子ので MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Applied for Zip Country 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 Name HOWARD, EUGENE J ESQ Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN ROAD STE-800 キャチャン MIAMI BEACH FL 33139 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (10/00) TATLE ☐ Delete TITLE HOWARD, EUGENE J NAME NAME 1111 LINCOLN ROAD STE-800 # 400 STREET ADDRESS STREET ADDRESS CYTY-SI-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIME Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P CITY - ST - ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAMĘ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP 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 rusting embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

other like empowered

skuluknuuri on philippina sii dent

305-538-6361

Daytime Prone #

4/16/01