## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # **P00000075273** 1. Entity Name JBR INVESTMENTS INTERNATIONAL, INC. -11-2001 90315 022 \*\*\*150.00 Principal Place of Business Mailing Address 20605 CAROUSEL CIRCLE, WEST 20605 CAROUSEL CIRCLE, WEST **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address 240W. Commonal Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 033*5*.24 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3 אמטיים הבי Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNETTE, JOHN D Street Address (P.O. Box Number is Not Acceptable) 20605 CAROUSEL CIRCLE, WEST **BOCA RATON FL 33433** 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) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Addition TITLE **BURNETTE, JOHN D** NONE STREET ADDRESS STREET ADDRESS 20605 CAROUSEL CIRCLE, WEST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE ☐ Delete TITLE Change Addition NAME NAME MELLO, RAYMOND STREET ADDRESS STREET ADDRESS 2761 SOUTH OAKLAND FOREST DRIVE CITY - ST - ZIP CITY-ST-ZIP OAKLAND PARK FL 33309 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-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 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. SIGNATURE: SIGNATURE AND JY ED OR PRINTED NAME OF SIGN G OFFICER OR DIRECTO