2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P000000 7999 7 Apr 26, 2001 8:00 am Secretary of State 1. Entity Name JAquar Enterprises, INC. 04-26-2001 90121 015 ***150 00 Principal Place of Business Mailing Address 13730 SR BY #23 13730 SR.BY #23 Fr. Landerdale, Fr. Fr. Landerdale, R. C0053236 33325 33325 2. Principal Place of Business 3. Mailing Address 13730 SR BY 13730 SR BY Suite, Apt. #, etc. Suite, Apt. #, etc. # 253 DO NOT WRITE IN THIS SPACE # 253 City & State City & State Applied For 4. FEI Number Fr. Landerdale, Fr Fr. Landerdale, Fr. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33325 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Douglas L. BATES
BZ11 W. BROWARD BLUD
Suite 230 Name -----Street Address (P.O. Box Number is Not Acceptable) Plantation, R. 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 . \square Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Channe TITLE ☐ Delete TITLE Richard BATES 13730 SR BY # 253 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fr. landeldale R. 33325 Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33325 ☐ Change Addition TITLE 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. 4/18/01 SIGNATURE:

CR2E034 (11/00