2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P00000088021 JR PATENTS CORPORATION 02-19-2001 90058 009 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DR., STE, 505 601 BRICKELL KEY DR., STE. 505 30_{-} MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number Not Applicable \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAICHEK, LAWRENCE A ESQ. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., STE. 505 MIAMI FL 33131 City Zip Code 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition TITLE MLE ☐ Delete NAME RUWITCH, ROBERT NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR., STE. 505 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Chang ☐ Addition NAME DIAMOND, RICHARD NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR., STE. 505 CITY-ST-ZIF CITY-ST-ZIP Miami FL 33131 Change Addition TITLE Deleta TITLE NAME NAME STREET AUURES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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352-401-0880

Daytime Phone #