2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P00000116226 J.D.R. VENTURES I. INC. -12-2001 90153 034 ***150.00 Principal Place of Business Mailing Address 4950 BLUE LAKE DR SUITE 900 4950 BLUE LAKE DR SUITE 900 BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3921 NW S8 5+ 3. Mailing Address 3927 NW 58°St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Boca Katon 65-0982460 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33496 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Rubenstein, Jeffrey D. HAMILTON, REBECCA L Street Address (P.O. Box Number is Not Acceptable) 4950 BLUE LAKE DR SUITE 900 **BOCA RATON FL 33431** 3921 NW 58"5+ Zip Code 33494 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 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director TITLE D ☐ Delete TITLE ☐ Addition Ruberatoin, Jeffrey D. 3929 NW 58°54 NAME NAME RUBENSTEIN, JEFFREY D STREET ADDRESS STREET ADDRESS 927 NW 58TH ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Boon Laten, Ft 33496 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition 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 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR