FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 11, 2002 8:00 am Secretary of State 09-11-2002 90060 040 ***150.00

| DOCUMENT # PC | 7/6 | 000 | 20527 | 755 |
|---------------|-----|-----|-------|------|
| KJ Holdings | 6 | Ft. | Myeas | INC. |
| 1.7 110.0000 | J | | 1/111 | |

| 1.7 110 | J | . 7 | | V | | | | |
|--|---|--|--|----------------------------|---|-------------------------------|--------------------------------|--|
| DO I | NOT WRITE | IN THIS SE | PACE | | | | | |
| 2. Principal Place of Business 2341 WIII and St P. O. Box 6735 | | | 979061 | | | | | |
| Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State F+. MVC | City & State Ft. Myers, FL | | | 4. FEI Number | | Applied For Not Applicable | | |
| 33901 | Country | ^z 33911 | Country L | ee | 5. Certificate of Status Desired | | 5 Additional Required | |
| | OO NOT W | | Name Street | Ker | Name and Address of Curre O Box Number is Not Acceptal | Raptis | ite. | |
| | N THIS SP | ACE | 6 | 308 | Panther | lane # | =E4 | |
| a | 1 | | City (| FF.1 | MYERS | FL Zi | ip Code 339 19 | |
| SIGNATURE AND | ity subtrits this statement for | 4444 | registered office | | d agent, or both, in the State of | Florida. DATE | | |
| This corporation is eli Tax filing requirement (See criteria on back) 11. | _ | After May Amended Make Check Payab | ay 1 Fee is \$1 1, Fee is \$550.0 I UBR is \$61.29 le to Departme | 00 5 | 10. Election Campaign Trust Fund Contribut | Financing ion. | \$5.00 May Be Added to Fees | |
| TITLE - | 3/1/32/18/1/18 E | THE OTO TO | TITLE | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | Zevenal. | | NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Rige Jean 18 Panther | Babtiste Jane after U 3390/ | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 3 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ce Resident ranne Jea willart st Myells FC | 3390/ | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT | WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | والمعار | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAJaCument - 8/8/2002-90089-016-\$150.00-\$150.00

| 200 | 2 UNIFORM-BUSI | NESS REPO | RT_(| UBR) | _ | | | | | Ì | |
|--|--|---|-------------------------|--|---|--|----------------|--------------|-----------------------------|---------------|--|
| 1. Entity Nar | ne, | 0025355 | 7 | | | | | •. | | : | |
| JVR, INC | • | and the same of the same of the same of | | | | | | * ** * | | - | |
| | | | | <u> </u> | .] | | | | , | | |
| Principal Plac | Place of Business Mailing Address | | | 2000 | | | | | | | |
| 4719 LODES1 TAMPA FL 3 | | 4719 LODESTONE DRIVE TAMPA FL 33615 | | | | | | 10° | | | |
| INMERITE SA | wij | (AMI) II I GOOTO | | | | | | | | ı | |
| 2 Principal (| Place of Rusiness | 2 Mailing Address | | | - | | | | |) | |
| 2. Principal Place of Business 8780 W. Hills borough 8480 W. Hills b | | | ber a | oush ave. | | | | · · | | | |
| Suite, Apt. | . #, etc. Au | Suite, Apt. #, etc. | | | | DO NOT WRITE IN | THIS SPAC | Έ | | | |
| City & Sta | AMPA FL | City & State | FI | | 4. | 4. FEI Number 52-9299920 | | | pplied For ot Applicable | | |
| Zip | Country | Zio | Country | 'n | 5. | | ¬ \$8. | 75 Add | ditional | 1 | |
| 33 <i>61</i> | 5 tow N | 33 6 / 5 | <u> ルン</u> |) <u>H</u> | | Name and Address of New Regis | - Fee | Require | ed | ┨. | |
| | | | | Name | 70 C. | | | | | | |
| PEREZ, J | | | F | Street Address | treet Address (P.O. Box Number is Not Acceptable) | | | | | | |
| TAMPA F | DESTONE DRIVE L 33615 | | F | : ' | and the same of | | | | | 1 | |
| 1 | | | | City | | | FL 2 | Zip Cod | le | | |
| | named entity submits this statement for | the purpose of changing its re | egistered | office or registe | red ag | gent, or both, in the State of Florida | , | | | 1 | |
| • | O_{i} , A | | | | | y | | | | | |
| SIGNATURE | Signature, typeo byth inted name of registered agent as | nd title if applicable. (NOTE: I | Registered A | gent signature required | d when re | einstating) | DATE | | | - | |
| | oration is eligible to satisfy its intangible | FILE NOW!!! | | | ········· | 10. Election Campaign Financia | no. | \$5.0 | May Be | 1 | |
| | requirement and elects to do so. | After May 1, 2002 Make Check Payable | | | ite | Trust Fund Contribution. | | | nu may be d to Fees | | |
| 11. | OFFICERS AND D | _ | 12. | | | L DITIONS/CHANGES TO OFFICER | S AND DIRE | CTOR | S IN 11 | - | |
| TITLE NAME | D Perez, Juana | ☐ Delete | TITLE NAME | | | | | Change | ☐ Addition | 9/01 | |
| STREET ADDRESS | 4719 LODESTONE DRIVE | | _ | ADDRESS | | • | | | | \ <u>8</u> | |
| CITY-ST-ZIP | TAMPA FL 33615 | | CITY-ST | r-ZIP | | | | | | CR2E034 (9/01 | |
| title Name | D Villalobos, Moises | ☐ Delete | TITLE NAME | | | | | Change | Addition | O | |
| STREET ADDRESS | 322 SETH PL | | | ADORESS | | | | | | | |
| CITY-ST-ZIP | ROCKVILLE MD 20850 | Delete Delete | CITY-ST | -ar | | | | hange - | | | |
| NAME STREET ADDRESS | PEREZ, CARMEN | | NAME STREET A | IDDRESS | | مبتد موجود مستعني داريات | | | | | |
| C/TY-ST-ZIP | 4719 LODESTONE DRIVE TAMPA PL 33615 | | CITY-ST | | | | | | |] | |
| TMLE | | ☐ Deleta | TITLE | | | | | hange | Addition |] | |
| NAME STREET ADDRESS | · | | NAME STREET A | ADDRESS . | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST- | -ZIP | | | | | | 1 | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | Пс | hange | Addition | | |
| STREET ADDRESS | | | STREET A | ı | | | | | | | |
| CITY-ST-ZIP | | Detete | CITY-ST- | -217 | | | | hange | Addition | ĺ | |
| NAME | | C3 Delete | NAME | | | | | go | | | |
| STREET ADDRESS CITY-ST-ZIP | • | | STREET A CHY-ST- | l l | | | | | | | |
| 13. I hereby o | certify that the information supplied with the control of supplied with the control of supplier and s | his filing does not qualify for the | ne exemp | tion stated in Se | ction 1 | 119.07(3)(i), Florida Statutes. I furth | er certify the | t the in | formation | 1 | |
| of the cor | on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi | vered to execute this report as | signature signatured | s snail have the s l by Chapter 607 | ', Floric | egarenect as it made under oam; t da Statutes; and that my name app | ears in Bloc | k 11 or | Block 12 if | | |
| | (S) ALPO B | 1000 | a ` | | | | | | | | |
| SIGNAT | | NTED NAME OF SOMING OFFICER OR | обрустов | - | | Cate | Davime B | | | | |