FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 09, 2002 8:00 am Secretary of State 04-09-2002 90080 029 ***158.75

DOCUMENT # POLOCO 1. Entity Name JAR WOOD FIN	· /	y 01 State 80 029 ***158.75		
2. Principal Place of Business COTU of			BU0 61715	
1.5/22 NW 89/4PL Suite, Apt. #, etc.	15/22 NW 89 PL Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State LAKES FL	City & State MINNI LAKES		4. EEI Number 65-1107968	Applied For Not Applicable
21e 33018 Country USA	33018	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WE IN THIS SPA	RITE	Name O Street Address (I	7. Name and Address of Current Registe SE ROMERD P.OBox Number is Not Acceptable 27.	red Agent
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				
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DI	After May 1, F Amended UI Make Check Payable t	1 Fee is \$150.00 ee is \$550.00 BR is \$61.25 o Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP REG!5teled REG!5teled TOSE ROMERU 15122 HW 89 PL	MGent MIAMILALE FL 33018	ITEL		CCC)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TILE TO A STREET ADDRESS CITY STITE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ii car
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTLE NAME STREET ADDRESS CITY ST. 2IP **	DO NOT WR	ITE.
NAME STREET ADDRESS CITY-ST-ZIP	-	FIGE RAME STREET ADDRESS : CITY-ST-ZIP	IN THIS SPA	Æ:
ITTLE NAME. STREET ACCRESS CITY- ST-7/P	2022 2000 200	TITLE NAME STREET ADDRESS 5 5 5 5 5 5 5 7 PP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 20 and Conference of the	TITLE STREET ADDRESS : CITY STOPP		
13. I hereby certify that the information supplied with this filling 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 attribute to the corporation of the cor				

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