FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am § Secretary of State P01000107153 DOCUMENT # 1. Entity Name 05-08-2002 90122 022 ***150 00 JORGE GARCIA ENTERPRISES, INC. Principal Place of Business Mailing Address 113 NORTH FEDERAL HIGHWAY 113 NORTH FEDERAL HIGHWAY DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 NORTH FEDERAL HIGHWAY DANIA BEACH FL 33004 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARCIA, JORGE NAME NAME 4188 S.W. 21ST STREET STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33317 CITY-ST-ZIP CITY-\$1-ZIP TITLE VSD-**D**elete TITLE ☐ Change ☐ Addition NAME ZECHMAN, SARITA STREET ADDRESS 4188 S.W. 21ST-STREET STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

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.

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

■ Addition