

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90775 046 ***158.75

DOCUMENT # P01000113909 ✓

1. Entity Name

JOSEPH M. LEWIS GROUP HOLDINGS INC.

**941 Fourth Street #200
Miami Beach, Fla, 33139**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

941 Fourth Street #200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami Beach, Fla, 33139

4. FEI Number

65 1156367

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Corporate Creations Inc.

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street

Suite #200

City

Miami Beach, Fla,

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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 transferring)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Samuel Lewis

941 Fourth Street #200

Miami Beach, Florida, 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL LEWIS

Date

Daytime Phone #

17 APRIL 2002

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

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.