FILED

03 MAY 29 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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06/04/03--01034--001 **2700.00

DOCUMENT # P02000036941

1. Entity Name
JAVERSON CLUB PROPERTIES, INC.

Principal Place of Business	Mailing Address
6175 NW 153 ST STE 312 MIAMI LAKES, FL 33014	6175 NW 153 ST STE 312 MIAMI LAKES, FL 33014
2. Principal Place of Business: 3074 Lakewood Cir	3. Mailing Address: 3074 LAKEWOOD CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State: WESTON FL
Zip: 33332 Country	Zip: 33332 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EVANS, SHELDON P.A. 6175 NW 153 ST STE 312 MIAMI LAKES, FL 33014	Name Street Address (P.O. Box Number is Not Acceptable): 3074 LAKEWOOD CIRCLE City: WESTON FL Zip Code: 33332

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sheldon Evans. 4/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JAIME S 19999 E COUNTRY CLUB DR AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03/08/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — JAIME S COHEN, SECTY Daytime Phone #

g1 5/30