2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000046834 1. Entity Name JORD GUBBAR, INC.						Jan 24, 2003 8:00 am		
						Secretary of State 01-24-2003 90133 031 ***150.00		
1401 S.W. 15TH AVENUE 1401			Mailing Address 1401 S.W. 15TH AVENUE FORT LAUDERDALE FL 33312			A UU X U F W U . ! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		
2. Principal Place of Business 105 NE 3rd Street 105 NE 3rd				Street				
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.					
FT. LO	uderdale, FL	Fity.	& State LOUCIEVO	ale, FL	-	4. FEI Number Applied For Not Applicable		
3330	01 Country USA	多:	3301	Country		5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current	Registere	ed Agent			7. Name and Address of New Registered Agent		
DAWSON, KENNETH R ESQ 300 S.E. 13TH STREET				Street Addre	OC ess (P.	CO. Box Number is Not Acceptable)		
FURI LAL	JDERDALE FL 33316			City C	<u> </u>	SW 15 Avenue Ouderdale FL 199312		
the obligat	named entity submits this statement for items of registered agent. Signature, typed or printed name of registered agent at the control of th			gistered office or reg		9. Election Campaign Financing \$5.00 May Be		
Make Check	k Payable to Florida Department of					Trust Fund Contribution. LJ Added to Fees		
10.	OFFICERS AND	DIRECTO	RS	11		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANELLA, TRACEE 1401 SW 15 AVENUE FORT LAUDERDALE FL 33312		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition :		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROEHM, DAN C JR 6011 NE 19 TERRACE FORT LAUDERDALE FL 33308		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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name Street address City-St-Zip			,	NAME STREET ADDRESS CITY-ST-ZIP	- i - i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition		

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 applications of the corporation of the

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

954.527.5595

☐ Change

☐ Addition

Daytime Phone #