2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

Apr 30, 2003 8:00 am Secretary of State P02000049084 DOCUMENT # 04-30-2003 90464 001 ***150.00 1. Entity Name 04-30-2003 90464 002 *****8.75 JIURA ENTERPRISES, INC. Principal Place of Business Mailing Address 1390 BRICKELL AVE STE 200 1390 BRICKELL AVE STE 200 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 2405 Bcickell Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES nte # 180 4. FEI Number Applied For 75-30660L Not Applicable \$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 Name CASTILLO, ALVARO B Street Address (P.O. Box Number is Not Acceptable) 1390 BRIČKELL AVE STE 200 MIAMI FL 33131 City Zip Code 8. The above named entity supporties 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 Signature, lyped 6 ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE: NOW!II. FEE IS \$150.00 After: Mayst 2003 Fee, will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE X Change ☐ Addition ☐ Delete TITLE D Jeremy A. Jiura JIURA, JEREMY A NAME NAME 2475 Brickell Avenue, Suite 1807 1390 BRICKELL AVE STE 200 STREET ADDRESS STREET ADDRESS Miami, Florida 33129 MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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 eth

(305) 215-6000