FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90033 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000056329

1. Entity Name
J G MANSUR ENTERPRISES, INC.

90130660

Principal Place of Business
555 NE 15TH ST. #15I
MIAMI, FL 33132

Mailing Address
555 NE 15TH ST. #15I
MIAMI, FL 33132

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10174 S.W. 161 Ave	10174 S.W. 161 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33196 Country: USA	Zip: 33196 Country: USA

4. FEI Number: 47-0871187 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MANSUR, J G
555 NE 15TH ST. #15I
MIAMI, FL 33132

7. Name and Address of New Registered Agent
Name: J.G. Mansur
Street Address (P.O. Box Number is Not Acceptable): 10174 S.W. 161 Ave.
City: Miami Fl. FL Zip Code: 33196

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 [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 04/30/2003

FILE NOW!!! FEE IS $150.00. After May 1, 2003 Fee will be $550.00. Make Check Payable to Florida Department of State

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 MANSUR, J G 555 NE 15TH ST. #15I MIAMI, FL 33132	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mansur, J G 10174 S.W. 161 Av. Miami, FL. 33196	☒ Change ☐ Addition
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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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 04/30/2003 — Daytime Phone # 305 383 8211