2003 FOR PROFIT CORPORATION

Mar 17, 2003 8:00 am 5 Secretary of State **FILED** UNIFORM BUSINESS REPORT (UBF P02000087085 DOCUMENT # 1. Entity Name 03-17-2003 90108 010 ***150.00 UNIVERSAL JZ, INC. Principal Place of Business Mailing Address 720 PELICAN POINT COVE 720 PELICAN POINT COVE BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 2200 W. COMMERCIA! BIVO COMMERCIAL BIVE 2200 W CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 52-Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZIMMERMAN, JORDAN iber is Not Acceptable) OMMERCIA/ 720 PELICAN POINT COVE **BOCA RATON FL 33431** 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 8. The above named ent the obligations of registered agent SCNATURE Signature, typed o ame of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE , Change ☐ Addition TITLE ☐ Delete Zimmerman, Jardan ZIMMERMAN, JORDAN NAME NAME 2200 W COMMERCIAL Blud, Suite 30 720 PELICAN POINT COVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 received empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE TITLE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

dress, with all other like empowered

☐ Delete

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition

☐ Addition