2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P93000013109 JJR INVESTMENT CORP. 01-18-2000 90023 049 ***150.00 Mailing Address Principal Place of Business 5651 NW 20TH ST. 5651 NW 29TH ST. MARGATE FL 33003-1531 MARGATE FL-33063 AUCRUUUA 3. Mailing Address 2. Principal Place of Business 6300 N.G. 137 Avenue (300 N.E 1ST AVENUE Suite, Apt. #, etc. 3RO Frome Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Çity & State 65-0397366 FLANDERDALE FLORIOD Not access T. AAVAERDALE, FLORIDA Zip 3334 Country \$8.75 Additional 5. Certificate of Status Desired 33334 Fee Required U30 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROSCHMAN, JEFFREY S 2511 DEL LAGO DRIVE STREET ADDRESS STREET ADDRESS 5811 N.W. 29TH STREET FT. LAVOURDALE, FRORIDA 33316 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROSCHMAN, ROBERT J 1759 SE 10 WW STREET STREET ADDRESS STREET ADDRESS 5611 N.W. 29TH STREET FT. LAUDERDAKE, FRORIOR 3331L CITY-ST-ZIP CITY-ST-7IP MARGATE-FL ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additior TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

☐ Change

☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR