2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCKMENT # P93000046548 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name THE JUSTIN GROUP INC. 04-04-2000 90036 021 ***150.00 Principal Place of Business Mailing Address 3020 N FEDERAL HWY 3020 N FEDERAL HIGHWAY BUILDING 11, SECOND FLOOR BUILDING 11, 2ND FLOOR FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306-1488 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 518 Applied For City & State City & State 4. FEI Number 65-0423008 Not Applicable Zip Country Country \$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 O'NEILL, HARRY Box Number is Not Acceptable) 3020 N FEDERAL HIGHWAY **BUILDING 11, 2ND FLOOR** FORT LAUDERDALE FL 33306 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. (NOTE, Registered Agent signature required when reinstating) DATE 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 П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition Delete TITLE TITLE O'NEILL, HARRY J. NAME 3020 N Federal Hwy Ste 11B NAME STREET ADDRESS 3020 N FEDERAL HWY, BLDG 11, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ■ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

4-1-00

changed, or on an attachment with an