## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P94000075407 JARH, INC. 04-24-2000 90139 017 \*\*\*150.00 Principal Place of Business Mailing Address 6170 N.W. 76TH COURT 1800 ELLER DRIVE PARKLAND FL 33067-2414 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0531023 Not Applicable Zip Country \$8.75 Additional-Country 5. Certificate of Status Desired - - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEARLMAN, JANICE Street Address (P.O. Box Number is Not Acceptable) 6170 NORTHWEST 76TH PARKLAND FL 33067 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition DP ☐ Delete TITLE TITLE NAME NAME PEARLMAN, JANICE STREET ADDRESS STREET ADDRESS 6170 N.W. 76TH COURT CITY-ST-7IP CITY-ST-ZIP PARKLAND FL 33067 ☐ Addition ☐ Change ☐ Delete TITLE TITLE DST NAME NAME PEARLMAN, HARVEY STREET ADDRESS STREET ADDRESS 6170 N.W. 76TH COURT CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Addition ☐ Delete ☐ Change 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HARVEY PEARLY AND THE AND THE SIGNING OFFICE OF DIRECTOR

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