## 2000 UNIFORM BUSINESS REPORT (UBR)

, SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000089172** JRE INCORPORATED 05-17-2000 90848 039 \*\*\*150.00 Mailing Address Principal Place of Business 3000-11 N.W. 25TH AVE 3000-11 NW 25TH AVE SIXTH FLOOR SIXTH FLOOR POMPANO BCH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRÎTE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0543557 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE MENDOZA, III, MARIO G ESQ. Street Address (P.O. Box Number is Not Acceptable) 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 12. 11, Addition PRESIDENT Delete TITLE TITLE 1000 NAME TUSCANO, JAMES J. JR. NAME KIRKEENG STREET ADDRESS STREET ADDRESS 251 ROYAL PALM WAY, 6TH FLOOR 3000-11 NW 25 AVE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Addition TITLE ☐ Delete TITLE NAME AMALFITANO, MICHAEL L. . NAME STREET ADDRESS 251 ROYAL PALM WAY, 6TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL NICE PRESIDENT ☐ Change Addition ☐ Delete TITLE TITLE NAME MARTHA NUZA NAME 3000-11 NW 25 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hompano beach Fl ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP t 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.