2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2001 8:00 am Secretary of State DOCUMENT # P94000089172 1. Entity Name 05-15-2001 90166 008 ***150.00 JRE INCORPORATED Principal Place of Business Mailing Address 3000-11 N.W. 25TH AVE 3000-11 NW 25TH AVE SIXTH FLOOR SIXTH FLOOR POMPANO BEACH FL 33069 POMPANO BCH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0543557 Not Applicable Zip Country Country Zip \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. SR2E034 (10/00) ☐ Addition TITLE ☐ Delete KIRKEENG, TODD NAME NAME STREET ADDRESS 3000-11 NW 25 AVE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE AMALFITANO, MICHAEL L. STREET ADDRESS 251 ROYAL PALM WAY, 6TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Delete TITLE ☐ Change Addition NUZA, MARTHA NAME STREET ADDRESS 3000-11 NW 25 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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