

APPROVED
AND
FILED

03 JUL -8 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000004291 1. Entity Name SON JAY, INC.					
Principal Place of Business 2875 N.E. 191ST ST. SUITE 701A N. MIAMI BEACH, FL 33180			Mailing Address 2875 N.E. 191ST ST. SUITE 701A N. MIAMI BEACH, FL 33180		
2. Principal Place of Business 150 BEAR'S CLUB DR Suite, Apt. #, etc.			3. Mailing Address 150 BEAR'S CLUB DR Suite, Apt. #, etc.		
City & State JUPITER FL		City & State JUPITER FL		4. FEI Number 65-0576583	
Zip 33477		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTELLO, LOUIS R 701 BRICKELL AVE. SUITE 1200 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Me Added to Fo	
SIGNATURE _____ DATE _____ Signature, typed or printed name of designated agent and date of application. (NOTE: Registered Agent Signature required when electing.)					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐
STREET ADDRESS	GREEN, ROBERT I		STREET ADDRESS	150 BEAR'S CLUB DR	
CITY-ST-ZIP	2875 N.E. 191ST ST., #701A		CITY-ST-ZIP	JUPITER, FL 33477	
	N. MIAMI BEACH, FL 33180				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐
STREET ADDRESS	GREEN, JASON		STREET ADDRESS	150 BEAR'S CLUB DR	
CITY-ST-ZIP	19365 TURNBERRY, T.H. 5		CITY-ST-ZIP	JUPITER, FL 33477	
	N. MIAMI BEACH, FL 33180				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11, or on an attachment with an address, with all other like empowered.

6/25/03

305-213-2890