2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P95000042804 1. Entity Name JML PROPERTIES, INC. 01-25-2001 90155 025 ***150.00 Principal Place of Business Mailing Address 4111 TAYLOR ST 4111 TAYLOR ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 V0121 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0594883 Not Applicable Zip Zip Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, SANDRA LANTZ Street Address (P.O. Box Number is Not Acceptable) 4111 TAYLOR ST HOLLYWOOD FL 33021 Zip Code City 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) 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, 2001 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. Change Addition TITLE ☐ Delete PRICE, DOUGLAS I NAME STREET ADDRESS 4111 TAYLOR ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete TITLE Change ☐ Addition TITLE PRICE, SANDRA LANTZ NAME NAME STREET ADDRESS STREET ADDRESS 4111 TAYLOR ST CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition 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 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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