2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000014283** Jan 28, 2000 8:00 am **Secretary of State** JSL MANAGEMENT, INC. 01-28-2000 90203 016 ***150.00 Principal Place of Business Mailing Address 1001 YAMATO ROAD **** YAMATO ROAD SUITE 307 SUITE 307 - RATON FL 33487 BOCA RATON FL 33431-4403 2. Principal Place of Business 3. Mailing Address 551 NW 77th Street 55/NW 77# Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 201 Boca Raton Applied For 4. FEI Number 65-0648952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent *** a c * 7. Name and Address of New Registered Agent Name LEVI, GREGG Street Address (P.O. Box Number is Not Acceptable) 15921 LISBON COURT **WELLINGTON FL 33414** Zip Code 8. The above name thirty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Addition TITLE TITLE MIDLARSKY, STEVEN NAME NAME 3148 N.W. 56TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-70P **BOCA RATON FL 33496** ☐ Change ■ Addition ☐ Delete TITLE TITLE LEVI, GREGG NAME NAME 15921 LISBON COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachmen with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

lasla

561-988-4090

Daytime Phone #

R2E034 (9/99)