2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU

1. Entity Nar

JON ART

IMENT#	P96000039226	
THUR REPRESI	ENTATIONS, INC.	
ce of Business	Mailing Address	
STREET	2420 MADRID STREET	
.ES FL 33134	CORAL GABLES FL 33134	
	US	

FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90102 046 ***150.00

			SO WE I	
Principal Plac 2420 MADRID CORAL GABL US		Mailing Address 2420 MADRID STREET CORAL GABLES FL 331 US	34	
2. Principal F	Place of Business	3. Mailing Address	,	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State		4. FEI Number 65-0666784 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
ARTHUR, 2420 MAE	JON DRID STREET	الثلث بيا المساهمين	Street Addre	ess (P.O. Box Number is Not Acceptable)
CORAL SI	PRINGS FL 33134			
			City	FL Zip Code
Afte	Signature, typed or printed name of registered agen FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		DTE: Registered Agent signature req	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	D OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTHUR, JON 2420 MADRID STREET CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	∵ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report i	s true and accurate and that owered to execute this repor	: my signature shall have tl rt as required by Chapter I	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: