## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am § Secretary of State P96000101320 DOCUMENT # 1. Entity Name J.G.K CORPORATION Principal Place of Business Mailing Address 3446 SW 8TH STREET 3446 SW 8TH STREET STE 203 STE 203 MIAMI FL 33135 **MIAMI FL 33135** 2. Principal Place of Business 3. Mailing Address 5545 SW 8th. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0818044 MIAMI Not Applicable Zip **3**多 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired MIHMI-DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent = Name RUIZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 3401 SW 16TH STREET MIAMI FL 33145 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 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 TITLE Delete TITLE ☐ Addition ☐ Change Ruiz, Sergio NAME NAME 3401 SW 16TH STREET STREET ADDRESS STREET ADDRESS Miami Fl CITY-ST-ZIP CITY-ST-ZIP DVPT TITLE ■ Delete TITLE Change Change Addition ERICF, SOTO-HARRISON gody, John NAME NAME 2333 BRICKELL AVE., #1911 5300 NW 124 WAY STREET ADDRESS STREET ADDRESS MIAMI FL 00000 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS. TITLE ☐ Delete ☐ Addition ☐ Change BRULLARD, JACQUELINE L NAME NAME 2333 BRICKELL AVE., #1911 STREET ADDRESS STREET ADDRESS MIAMI FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change ☐ Addition NAME 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 regeiver 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

SIGNATURE: ND TYPED OR PRINTED NAME OF SIGN

nt with an address; with all other like empowered.

changed, or on an attack

SERGIO E RVIL. 04/10/02.305-262-1012