FOR PROFIT CORPORATION

FILED May 17, 2004 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # / 05-17-2004 90015 009 ***158.75 JEFROB GHORICH PROPERTIES INC. DO NOT WRITE IN THIS SPACE 24076142 2. Principal Place of Business 201 S. BISCAYNE Blud, 104 Floor 3. Mailing Address 61 St Clair Aux Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Miami Centre 2mtc 1008 City & State City & State 4. FEI Number Applied For 65-0723714 Horida ntario Not Applicable Canada Country \$8.75 Additional 5. Certificate of Status Desired 33131 ush MAV 248 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Box Number is Not Acceptable) IN THIS SPACE IN 4 Floor 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Marie Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE: PDST TITLE NAME RICHARD J. COLE NAME 61 ST CHIR AVEW, SLUTE 1008 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TORBNTO, ONTHRID HAV 248 CITY-ST-ZIP TITLE 🤼 TITLE NAME 🖈 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes | 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 on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TILLE

NAME :

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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STREET ADDRESS

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SIGNATURE:

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DO NOT WRITE

IN THIS SPACE

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