FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90157 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000014629

DOCUMENT # 1. Entity Name

JRB STUCCO, INC.

Principal Place of Business 230 NW 47TH AVE LAUDERHILL FL 33313				Mailing Address 6005 DEL LAGO CIR, #303 SUNRISE FL 33313											
2. Principal Place of Business				3. Mailing Address											
_Suite, Apt, #, etc.				Suite, Apt. #, etc]=CHEG	K PHERE- I	IF'MAKIN	IG[:]CHAN	GES-	_ ·	
City & State				City & State			4.	FEI Number	NOT	APPLIC	CABLE	F	- 1 · ·	plied For t Applicable	
Zip Country				Zip	try	5.	5. Certificate of Status Desire				\$8.75 Additional Fee Required				
	6. Name	and Address of	istered Agent				7. Name and Address of New Registered Agent								
APT 1 000T 1						Name .									
ORTH, SCOTT A				Stre			et Address (P.O. Box Number is Not Acceptable)								
2021 TYLER STREET HOLLYWOOD FL 33020															
HULLIWU	UD FL 330	20													
			City					FL Zip Code							
	3. 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 regist		le if applicable. (NOT	TE: Registered	d Agent signatur	e required when re	einstating)			DATE			 -	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$				State			*		ion Camp Fund Co	_	_	□ \$	5.00 dded	O May Be to Fees	
10. OFFICERS AND				ECTORS		AC	DITIONS/CI	HANGES	TO OFFI	CERS AN	ID DIREC	TORS	IN 11		
NAME	2310 NW 4	JSTIN R JR 47TH AVENUE LL FL 33313	· · ·	☐ Delete		1						☐ Cha	nge	Addition	
TITLE NAME STREET ADDRESS			\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ Delete		E Et address						☐ Cha	nge	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	TITLE	1		<u> </u>				☐ Cha	nge	Addition	
CITY-ST-ZIP TITLE				☐ Delete	TITLE							☐ Cha	nge	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>				E Et address - St-Zip	·	رھ يا مار <u>ي.</u> 	-				. -	- ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Chai	nge	☐ Addition	
TITLE Name Street address City-St-Zip				☐ Delete								☐ Cha	nge	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: