Matter March 1 2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P97000019390 JPRR PROPERTIES, INC. 05-03-2000 90119 022 ***150.00 气。(MAD) 概念[数] Principal Place of Business Mailing Address SHAPO FREEDMAN 8 BLOOM, P.A. LOEB, BLOCK & PARTNERS, LLP 505 PARK AVENUE: 9TH FLOOR 10053304 200 S. BISCAYNE BLVD., SUITE 4750 MIAMI FL 33131 NEW YORK NY 10022-1106 2. Principal Place of Business : 3. Mailing Address LEONARD BLOOM PA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 201 S. Biscayne Blvd Ste 3000 Applied For City & State City & State 4. FEI Number 65-0732070 Miami: Florida Not Applicable 33131 Country U.S.A. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALL STATE OF THE **B&C CORPORATE SERVICES, INC.** SOUTH FLORIDA RESIDENT AGENTS, INC. Street Address (PO Box Number is Not Accompable) 200 SOUTH BISCAYNE BLVD., SUITE 4750 2. 15<u>. 1 Cenvile 2. (++S) 2. 74.68</u> MIAMI FL 33131 201 SOUTH BISCAYNE BLVD. STE. 3000 Zip Code 33131 MIAMI 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. BART FL BYAT SIGNATURE 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SELZER, HERBERT M NAME NAME STREET ADDRESS STREET ADDRESS 505 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 Addition SD ☐ Change TITLE BERKE HOWARD NAME \ S NAME STREET ADDRESS STREET ADDRESS 505 PARK AVENUE CITY-ST-ZIP NEW YORK NY 10022 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME. NAME . 74 m 5 3 (40 STREET ADDRESS) Aragono da STREET ADDRESS CITY-STEZIP: 35 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 经经验的 Ward office CITY-ST-ZIP CITY-ST-7IP realizati seletele de 🖦 ☐ Change ☐ Addition TITLE ☐ Delete 结合的人的 NAME NAME Kin vok diene STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13.: Thereby certify that the information supplied with this filling 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 of 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 attachment with an address, with all other like empowered.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR