FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 an DOCUMENT # **P97000020755 Secretary of State** 1. Entity Name JMR TECHNOLOGIES, INC. 02-08-2000 90053 042 ***150.00 Principal Place of Business Mailing Address 450 NW 134 AVE P O BOX 170426 ECUP1899 MIAMI FL 33330-2744 **APT 102** PEMBROKE PINES FL 33028 3. Mailing Address 12950 DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc Applied Fo 4. FEI Number 65-0740513 00 per 000 Not sumi Country \$8.75 Additional Zip BROWNED 5. Certificate of Status Desired Fee Required BROWMD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSE, JACINTH 450 NW 134 AVE **APT 102** PEMBROKE PINES FL 33028 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. e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printe 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!- FEE IS \$150.00 10. Election Campaign Financing \$5:00 may Tax filing requirement and efects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fig. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete ROSE, JACINTH NAME NAME 450 NW 134 AVE., APT 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Delete TITLE TITLE NAME ROSE, ERIC NAME 450 NW 134 AVE., APT 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP 13. Thereby 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 inflicated 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 the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address with all other like empowered. SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF