2000 UNIFORM BUSINESS REPORT (UBR)

4/4/12.

FILED
Jun 20, 2000 8:00 am
Secretary of State
04-12-2000 90150 027 ***158.75

DOCUMENT # P97000052433

1. Entity Name
J.R. DEVELOPMENT, INC.

R

Principal Place of Business	Mailing Address
1925 BRICKELL AVE. SUITE D-206 MIAMI FL 33129 US	1925 BRICKELL AVE. SUITE D-206 MIAMI FL 33129-2900 US

[redacted]

2. Principal Place of Business	3. Mailing Address
8446 NW 58 ST	8446 NW 58 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: MIAMI, FL.
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

FEI NUMBER 65-1006566

4. FEI Number ~~APPLIED FOR~~ ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BESU, ROGER 1925 BRICKELL AVE. SUITE D-206 MIAMI FL 33129	Name: CAMILO M. JAIME Street Address (P.O. Box Number is Not Acceptable): 8446 NW 58 ST City: MIAMI FL Zip Code: 33166

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] CAMILO M. JAIME 3/24/2000
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS NAME JAIME, CAMILO M STREET ADDRESS 1925 BRICKELL AVE., SUITE D-206 CITY-ST-ZIP MIAMI FL 33129	☐ Delete	TITLE DPS NAME JAIME, CAMILO M. STREET ADDRESS 8446 NW 58 ST. CITY-ST-ZIP MIAMI, FL. 33156	☒ Change ☐ Addition
TITLE DVT NAME JAIME, VIVIAN G STREET ADDRESS 1925 BRICKELL AVE STE D206 CITY-ST-ZIP MIAMI FL 33129	☐ Delete	TITLE DVT NAME JAIME, VIVIAN G. STREET ADDRESS 8446 NW 58 ST CITY-ST-ZIP MIAMI, FL. 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 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: [signature] CAMILO M. JAIME 3/24/2000 305-418-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #