## 2001 UNIFORM BUSINESS REPORT (UBR) Jan 23, 2001 8:00 am DOCUMENT # P97000064729 **Secretary of State** J & D INTERNATIONAL HOLDINGS, INC. 01-23-2001 90123 010 \*\*\*150.00 Principal Place of Business Mailing Address 340 GIRALDA AVE PO BOX 145336 SUITE 811E CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Daire 13627 Deening 13127 DO NOT WRITE IN THIS SPACE Svite Svite City & State City & State 4. FEI Number Applied For 65-0771915 CORN Coarl Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33158 US4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDEAS DOUGLAS SANDERS, DOUGLAS J Street Address (P.O. Box Number is Not Acceptable) 340 GIRALDA AVE Deening Bay SUITE 811E CORAL GABLES FL 33134 Zip Code Gables 33158 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 3R2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE ☐ Delete BLAYA, JOAQUIN NAME NAME 13645 DEERING BAY DRIVE APT. 133 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158-D TITLE ☐ Delete TITLE ☐ Addition SANDERS, DOUGLAS J NAME 340 GIRALDA AVE., #811E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Addition . ☐.Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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 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

TYPED OR PRI

NAME OF SIGNING OFFICER OR DIRECTOR