2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700065227 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name JRJ ASSOCIATES, INC. 04-22-2000 90069 004 ***150.00 Principal Place of Business Mailing Address 5401 KIRKMAN ROAD 5401 KIRKMAN ROAD SUITE 725 SUITE 725 ORLANDO FL 32819-7912 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3459719 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN ROAD SUITE 725 ORLANDO FL 32819 Zip Code City FL 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CD TITLE Change ☐ Addition ☐ Delete TITLE KHOURI, ZAHI W NAME NAME 5401 KIRKMAN RD, STE 725 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition TITLE ☐ Change ☐ Delete KHATIB, RASHID A NAME 5401 KIRKMAN RD, STE 725 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Change Addition ☐ Delete TITLE TITLE JEBAILEY, JOSEPH NAME NAME 5401 KIRKMAN RD, STE 725 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete MAALI, JESSE I NAME NAME 5401 KIRKMAN RD, STE 725 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

Rashid A. Khatib 2/25/00

407-354-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: