2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # P97000075302 1. Entity Name J & D CONSULTING ASSOCIATES, INC. 03-24-2000 90110 008 ***150.00 Principal Place of Business Mailing Address 15165 NW 77TH AVE 15165 NW 77TH AVE **SUITE 2003 SUITE 2003** MIAMI FL 33014 MIAMI FL 33014-7826 2. Principal Place of Business 3. Mailing Address 61 HARBOR DRIVE 61 HARBOR Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0780901 key Biscai Not Applicable \$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 Name SAUDINO, DOLORES Street Address (P.O., Box Number is Not Acceptable) 15165 NW 77TH AVE **SUITE 2003**

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

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

Biscaune

10. Election Campaign Financing

Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME saudino, dolores SAUDINO, DOLORES NAME GI HARBOR DRIVE STREET ADDRESS STREET ADDRESS 1519 PENNSYLVANIA AVE #2 CITY-ST-ZIP key Biscayne , FC 33149 CITY-ST-ZIF MIAMI BEACH FL 33139 ☐ Addition Change TITLE TITLE ☐ Delete Saudino, Juan I Githarboz Drive NAME SAUDINO, JUAN I NAME STREET ADDRESS STREET ADDRESS 1519 PENNSYLVANIA AVE #2 key biscance fl 3349 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ■ Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURES

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

MIAMI FL 33014

(See criteria on back).

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

SAUDINO

Note Davisma Phone #

☐ Change

☐ Addition

CR2F034 (9/99

Zip Code 33 L49

\$5.00 May Be

Added to Fees

DATE