2000 UNIFORM BUSINESS REPORT (UBR)

$\mathbf{FIL}\mathbf{ED}$ Jun 29, 2000 8:00 am DOCUMENT # **P97000085825** 1. Entity Name **Secretary of State** JKMC, INC. 06-29-2000 90653 005 ***150.00 Principal Place of Business Mailing Address C/O 200 SOUTH BISCAYNE BLVD. 20TH FLOOR C/O 200 SOUTH BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131 MIAMI FL 33131-2310 2. Principal Place of Business 3. Mailing Address DORADA BLUD 3390 MARY STREET 398 ISLA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 135 City & State 4. FEI Number Applied For City & State 65-0785651 GABLES COCO NUT CORAL Not Applicable Country \$8.75 Additional SA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6...Name and Address of Current Registered Agent ROSSZ FIU CORPORATION Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD, 20TH FLOOR MIAMI FL 33131-2310 Zip Code 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) DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 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. Change ☐ Delete TITLE CHAPUIS, JACQUELINE Ś CHAPUIS, JACQUELINE-MAR NAME NAME 398 ISÉA DORADA BLUD. STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD 20TH FL GABLES, FL. 33143 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE TITLE CHAPUIS, HENRI NAME CHAPIUS, HENRI NAME 398 ISLA DORADA BLVD. STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD 20TH FL CORAL GABLES, FL. 33143 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2310 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 gratuate 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

SIGNATURE:

CITY-ST-ZIP

ACAVELINE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIN CHAPUIS Oble100

305-74

Daytime Phone #