FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90612 036 ***158.75

DOCUMENT # P97000088586

1. Entity Name
JUNIOR HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7330 NW 12 Street	7330 NW 12 ST.
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650792713 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DADE CORPORATE SERVICES, INC.
Street: 2300 CORAL WAY, SUITE 103
City: MIAMI FL 33145
State: FL Zip Code:

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, 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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	Zedan, Guillermo
STREET ADDRESS	7330 NW 12 St., Suite 201
CITY-ST-ZIP	Miami, FL 33126
TITLE	DVP
NAME	Charur, Elias A. JR
STREET ADDRESS	7330 NW 12 Street, SUite 201
CITY-ST-ZIP	Miami, FL 33126
TITLE	DS
NAME	SHarpe, Laura C
STREET ADDRESS	7330 NW 12 Street, Suite 201
CITY-ST-ZIP	Miami, FL 33126
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LAURA SHARPE 3-5-02 305-459-4053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #