2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000088586 **DOCUMENT #** 1. Entity Name 03-31-2003 90199 017 ***158.75 JUNIOR HOLDINGS, INC. Principal Place of Business Mailing Address 7330 NW 12TH STREET 7330 NW 12TH ST SUITE 201 SUITE 201 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0792713 Not Applicable Zip Country Žio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAURA SHARPE DADE CORPORATE SERVICES. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY. **SUITE 103** 7330 N.W. 12 TH STREET SUITE#201 MIAMI FL 33145 **MTAMT** 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 3*-*28-03 .Signature, typed or printed name of registered aged (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Delete ☐ Addition ZEDAN, GUILLERMO NAME NAME STREET ADDRESS 7330 NW 12TH STREET SUITE 201 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP DVP ☐ Delete TITLE TITLE ☐ Change ☐ Addition CHARUR, ELIAS A. J NAME NAME STREET ADDRESS 7330 NW 12TH STREET SUITE 201 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP DS - - - - - -TITLE Delete TITLE ☐ Change ☐ Addition SHARPE, LAURA C NAME NAME 7330 NW 12TH STREET SUITE 201 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

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 true de empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an ther like empowered

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP