

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATX1

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|--------------------------------|--|
| DOCUMENT # P97000106632 | |
| 1. Entity Name | |
| JUVEDA Group, Inc | |

FILED
09 MAY 14 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------|--|----------------|
| 2. Principal Place of Business 8910 Miramar Parkway Suite, Apt. #, etc. | | 3. Mailing Address 8579 SW 23RD COURT Suite, Apt. #, etc. | |
| City & State Miramar, FL | | City & State MIRAMAR, FL | |
| Zip 33025 | Country | Zip 33025 | Country |

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|--|--------------------------------------|
| 4. FEI Number 65-0808497 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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7. Name and Address of Current Registered Agent

| | |
|---|---------------------------------|
| Name Julius A. ADEYIGA | |
| Street Address (P.O. Box Number is Not Acceptable) 8910 Miramar Parkway | |
| Suite 2076 | |
| City Miramar | FL Zip Code 33025 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julius A. ADEYIGA **DATE** 05/17/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JULIUS ADEYIGA 8579 SW 23RD COURT MIRAMAR, FL 33025 |
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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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Julius A. ADEYIGA **DATE** 4/25/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #